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ABSTRACT

The document compiles published and unpublished statistical data on persons with disabilities. Its intent is to bring together a variety of data on the disabled population and provide guidance on its use. Fifty-two tables are grouped into five major sections (subtopics in parentheses): (1) prevalence of disabilities (impairments and chronic conditions, activity limitations, severity of limitations); (2) characteristics of the disabled population (living arrangements, employment, income, health care utilization); (3) federal programs (special education, other disability programs); (4) individual impairments and chronic conditions--comparative data; and (5) state level data. Appended material includes a list of primary data sources used in the report. (CL)

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DIGEST OF DATA ON PERSONS WITH DISABILITIES

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ABSTRACT

This document is a compilation of both published and previously unpublished statistical data on persons with disabilities and includes such topics as impairments, work disabilities, limitation of activity, and employment. Data are presented in table and chart form. Highlights and explanatory notes accompany each table to assist the reader in interpreting the data.

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INTRODUCTION

PURPOSE OF THIS REPORT

There exists no regular and systematic data collection on the disabled population in the United States. Data and statistics on the disabled are produced in many quarters, but neither individually nor collectively do these efforts provide universal population coverage with a consistently applied, widely accepted definition of disability. That data on the disabled are as fragmented as they are reflects the lack of consensus on an operational definition of disability as much as it does the diverse purposes that lie behind various public and private data collection efforts.

Legislators, policy makers, analysts and researchers with special interest in the disabled population face what may seem to be a confusing array of information on persons with disabilities. Finding the most appropriate data to answer a particular question and coming to terms with the strengths and limitations of those data can be difficult tasks. Attempting to reconcile two different sets of numbers that both seem to address a question of interest can raise more questions than it answers.

This Digest of Data on Persons with Disabilities is intended to bring together a variety of data on the disabled population and provide guidance in the use of those data. The contents and structure of the Digest reflect several objectives:

- to acquaint the reader with the major sources of data on the disabled population in the United States;
- to provide an overview of what is known about the size and characteristics of the disabled population;
- to provide guidance in interpreting statistics on the disabled population;
- to increase the reader's appreciation of both the strengths and limitations of individual sources of data on disabled persons;
- to identify significant gaps in the data on disabled persons;
- to introduce important concepts used in the discussion of disability; and
- to increase awareness of the complexity of disability as a phenomenon by presenting statistics that reflect different perspectives.

The topical organization, the selection of sources and specific tables, the highlights and explanatory notes that accompany each table, and the supplementary information presented in the appendices were all designed with an eye to these multiple objectives.

The 52 tables assembled in this Digest were compiled from many sources, although one source was used extensively: the National Health Interview Survey. Most of the tables have been published previously, some of them in virtually the same format as they appear here, although many have been edited. Editing was carried out for a variety of purposes: to summarize more detailed information, to satisfy particular standards of statistical reliability, to highlight particular features, or to juxtapose numbers that have not previously been presented together. With reference to the last point, some tables have been constructed from multiple source tables. Among the tables not previously published, some simply fell outside of agencies' regular publication series, but several represent original tabulations. The source of each table is documented.

An effort has been made to make the data as current as possible. In some cases this still meant going back several years. In other cases we were aware of data that were not yet available as this Digest entered its final stages of preparation. Appendix 2 includes references to such data.

WHO ARE THE PERSONS WITH DISABILITIES?

Central to the notion of disability is the limitation of a person's ability to perform a major life activity, as the direct result of an impairment, particularly of the senses or musculoskeletal system. This conceptualization of disability may be expanded or contracted depending on how broadly or narrowly one defines the three terms, "limitation of ability," "major life activity," and "impairment." For example, a very restrictive definition might consider a working-age male to be disabled only if he were unable to maintain gainful employment and only if this appeared to be a permanent condition. A very open definition might extend the designation disabled to a working-age male recuperating from a broken leg, an acute rather than chronic condition and one which might not prevent him from continuing to work.

Whether defined narrowly or broadly, a handicap is the outcome of interaction among a person's physiological or psychological condition, personal characteristics, and environment. Depending on the latter two, a severe disability may or may not be handicapping. For the purpose of gainful employment, loss of the ability to walk might handicap a construction worker but not an accountant. Likewise, such a disability might not handicap an office worker in a city with wheelchair access to good public transportation, but it might be handicapping to the same worker in a city with poor public transportation and no provision for wheelchair access.

However we define disability, it should be clear that the population does not divide itself neatly into disabled and nondisabled persons, although the ambiguity is greater the broader the definition. The tables assembled in this Digest bear this out. The tables provide several perspectives on who constitutes the disabled population, ranging from physiological assessments to self-perceptions to programmatic definitions. Particularly enlightening is a comparison of two measures based on self-report: "chronic activity limitation," used in the aforementioned National Health Interview Survey, and "work disability," used in the Social Security Administration's 1978 Survey of Disability and Work. The two measures show strikingly different patterns by sex (see tables I.B.1 and I.B.4), which can be attributed to differences in the way these measures classify women with impairments that severely limit labor market work.

One aspect of identifying disabled individuals involves their living arrangements. Household surveys generally exclude residents of institutions. Disability statistics derived from such surveys leave out some of the most severely disabled members of the population.

Another facet that must be taken into consideration is the strong association between disability and old age. This has implications for the needs of disabled persons as a group, and it also colors any comparison of the social and economic characteristics of disabled and nondisabled populations. For this reason, many of the tables include divisions by age, thereby enabling the reader to make comparisons within age groups.

ORGANIZATION OF THE REPORT

The tables presented in this Digest are grouped into five major sections, with three of the sections further subdivided. Section I focuses on the prevalence of disabilities within the United States population, and its three subsections reflect alternative methods of identifying disabled persons: diagnostic condition, self-reported activity limitation and work disability, and the severity of specific functional limitations. Physiological conditions, while allotted an entire subsection, are better viewed as preconditions than indicators of disability. Included within the second subsection (I.B) are tables depicting the frequency with which specific chronic conditions are accompanied by activity limitations.

Section II addresses selected characteristics of the disabled population in its subsections on living arrangements, employment, income and health care utilization. Of particular interest in the last of these areas is the volume of health care accounted for by persons with chronic limitations of activity. Section III provides administrative data on the participants in selected Federal programs serving disabled individuals. Section IV presents comparative demographic and economic data on persons with specific impairments and chronic conditions. Section V provides State level data on persons with self-reported limitations and persons participating in disability programs.

ON THE RELIABILITY OF ESTIMATES

A few brief remarks will aid the reader in judging the reliability of the data presented in this Digest. These comments concern rounding, sampling error and nonsampling error.

Rounding. The estimates of population sizes presented in this Digest are generally rounded to thousands (frequently with the zeroes truncated, so it is essential to check the table headings to determine the actual magnitudes represented in the table). For the most part this reflects the level of detail presented in the source table. In general, unrounded source numbers were rounded with an eye to the magnitudes being reported and to their presumed reliability. Typically, percentages have been rounded to one decimal place and thus do not always add to 100.0 percent.

It should be noted that percentages and proportions are used in two different ways in this Digest:

1) to show how the members of a population are distributed over a set of mutually exclusive and exhaustive categories, e.g., by level of activity limitation or years of schooling;

2) to show the rate at which a particular phenomenon occurs within a population, e.g., the proportion of persons with impaired vision.

Percentages of the first kind sum to 100 percent, and the tables containing such percentages include a row or column total, as appropriate, to indicate the direction in which the percentages may be added. Percentages or proportions of the second kind do *not* sum to 100, and it is generally not appropriate to sum such numbers in any direction.

Sampling error. Many of the tables presented in this Digest are based on sample surveys, and the estimates are subject to sampling error. For a discussion of sampling error and its implications, see appendix 2. Estimates with relatively high sampling error are marked with an asterisk (*). These estimates have a standard error that exceeds 30 percent of the size of the estimate. This relative standard error is defined in the appendix.

Nonsampling error. Measurement error, selection bias, definitional ambiguity, and adjustments for nonresponse represent types of nonsampling error. Such error can affect census as well as sample estimates. The explanatory notes that accompany each table call attention to known or suspected nonsampling error affecting the table results. For a further discussion of types of nonsampling error, see appendix 2.

RECOMMENDATIONS TO THE USER

In examining each table of the Digest, the reader should be conscious of several elements:

- *coverage:* What population is included in the table and, perhaps as importantly, what populations are *not* included?
- *concepts:* How is disability defined in the table, and what particulars of the definition might affect the relative numbers of disabled people found in the different subpopulations?
- *temporal stability:* Are the numbers presented in the table dynamic or relatively static, i.e., are they likely to be changing significantly over time or are they fairly stable?
- *population base:* If the numbers in the table are presented as percentages or proportions, what is the base population? In what direction may they be added together?
- *statistical reliability:* Are the estimates based on a sample survey or are they direct counts? If the former, how might this affect the reading of individual numbers or comparisons between numbers?

The highlights and explanatory notes that accompany each table were written to facilitate this kind of critical reading of the information contained in the table.

SECTION I

PREVALENCE OF DISABILITIES

A. IMPAIRMENTS AND CHRONIC CONDITIONS

TABLE I.A.1

Highlights

- There were 17.0 million persons with hearing impairments in the civilian noninstitutionalized population of the United States in 1979-1980. This represented 78 out of every 1,000 persons.

- The estimated number of persons with deformities or orthopedic impairments of various kinds was even larger: 18.4 million, or 85 per thousand.

- Visual impairments affected 8.2 million persons, or 38 per thousand. Speech impairments affected 2.1 million, or about 10 per thousand.

- Smaller numbers exhibited other impairments: 1.6 million were missing extremities or parts of extremities, and 1.2 million were completely or partially paralyzed.

- Impairments generally occurred with greater frequency among men than among women while the most common other chronic conditions tended to occur more frequently among women.

- All impairments listed other than speech impairments had their highest rate of occurrence among the elderly. Hearing problems affected 282 out of every 1,000 persons 65 and older. Deformities and orthopedic impairments affected 150 per thousand, and visual impairments affected 120 per thousand.

- The occurrence of visual and hearing impairments increased sharply with each succeeding age group, indicating a growing rate of onset of such problems with advancing age. For deformities and orthopedic impairments there was a five-fold rise between childhood and ages 17-44 but a fairly gradual rise thereafter. Speech impairments diminished by more than half after childhood but increased throughout adulthood.

- Other chronic conditions that could contribute to disability occurred among substantial numbers of persons. Among these, arthritis, hypertensive disease and heart disease were the most common, affecting 26.8 million, 24.3 million and 16.4 million persons, respectively.

- Arthritis, hypertension and heart disease showed extremely high rates among the elderly. Close to half of the elderly had arthritis; 38 percent had hypertensive disease; and 27 percent had heart disease.

Explanatory Notes

Table I.A.1 presents statistics on the prevalence of impairments and selected chronic conditions within the civilian noninstitutionalized population in 1979-1980. The estimates were obtained from the National Health Interview Survey, conducted by the National Center for Health Statistics (NCHS). The data are based on information collected by personal interview from a nationwide sample of about 81,000 households in 1979 and 1980. These households yielded a probability sample of approximately 214,000 persons, who were representative of the civilian noninstitutionalized population of the United States. Household interviews were distributed over the two-year period, with about 800 conducted each week, except that for budgetary reasons four weeks were excluded from the final quarter of 1980. Estimates from the survey represent a 24-month average rather than a single point in time.

A chronic condition is one that was first noticed more than three months before the interview or one of several conditions always classified as chronic regardless of the date of onset. An impairment is a chronic or permanent defect resulting from disease, injury or a congenital malformation. Associated with this condition is a reduction or loss of ability to perform various functions, particularly those of the sense organs and musculoskeletal system. The NCHS classifies impairments by a special Supplementary Code that combines both the present effect and the underlying cause into a single diagnostic code. Other chronic conditions are classified according to the Ninth Revision of the International Classification of Diseases, Adapted for Use in the United States.

This table excludes persons who were residing in institutions at the time of the survey. For many of these, institutionalization is the direct result of a severe chronic condition. This exclusion is particularly significant among the elderly; between five and seven percent of the elderly were residents of nursing homes during the 1979-1980 period.

Table I.A.2 presents estimates of the prevalence of multiple chronic conditions within each of the six chronic condition systems. Table I.B.2 gives estimates of self-reported activity limitations among persons with selected chronic conditions, and table I.B.5 gives statistics on the major causes of activity limitations.

Table I.A.3 provides estimates of the annual *incidence* (that is, rate of onset in a year) of the chronic conditions listed here. Table IV.1 presents estimates of social, demographic and economic characteristics of persons reporting these chronic conditions. Both tables are based on earlier surveys, however, and changes in the classification of impairments and chronic conditions may have occurred.

For other tables based on 1979 and 1980 data from the National Health Interview Survey see I.C.1, II.A.1, II.A.2, II.C.1 and II.C.2. Several additional tables present previously published data from the 1979 survey (see I.B.1).

TABLE I.A.1

PREVALENCE OF SELECTED IMPAIRMENTS AND CHRONIC CONDITIONS, BY AGE AND SEX: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979-1980

	Thousands of persons reporting condition							*Rate of occurrence per 1,000 persons*						
		Sex		Age					Sex		Age			
Chronic condition or impairment	Total	Male	Female	Under 17	17-44	45-64	65 and over	Total	Male	Female	Under 17	17-44	45-64	65 and over
Impairments														
Visual	8,276	4,790	3,486	547	2,608	2,286	2,835	38.2	45.8	31.1	9.4	28.4	52.6	120.0
Hearing	17,016	9,513	7,503	942	4,066	5,346	6,662	78.5	90.9	66.9	16.2	44.3	122.9	282.1
Speech	2,143	1,314	828	931	574	356	281	9.9	12.6	7.4	16.0	6.3	8.2	11.9
Absence of extremities or parts of extremities	1,570	1,237	333	78*	310	723	458	7.2	11.8	3.0	1.3*	3.4	16.6	19.4
Paralysis, complete or partial, of extremities	1,164	648	516	76*	272	366	449	5.4	6.2	4.6	1.3*	3.0	8.4	19.0
Deformities or orthopedic impairments	18,434	8,992	9,442	1,112	8,613	5,169	3,539	85.0	85.9	84.2	19.2	93.9	118.8	149.8
Circulatory conditions														
Heart disease	16,431	7,386	9,045	1,109	3,408	5,509	6,405	75.8	70.6	80.6	19.1	37.2	126.7	271.2
Hypertensive disease	24,332	10,098	14,234	88*	5,172	10,181	8,891	112.2	96.5	126.9	1.5*	56.4	234.1	376.5
Cerebrovascular disease	1,921	956	965	19*	144	664	1,094	8.9	9.1	8.6	0.3*	1.6	15.3	46.3
Arteriosclerosis	3,503	1,642	1,861	*	83*	884	2,536	16.2	15.7	16.6	*	0.9*	20.3	107.4
Respiratory conditions														
Emphysema	2,307	1,601	706	23*	156	986	1,142	10.6	15.3	6.3	0.4*	1.7	22.7	48.4
Asthma	6,602	3,241	3,361	2,196	2,415	1,374	617	30.4	31.0	30.0	37.8	26.3	31.6	26.1
Chronic bronchitis	7,672	3,338	4,334	2,153	2,654	1,656	1,209	35.4	31.9	38.6	37.1	28.9	38.1	51.2
Digestive conditions														
Ulcer	3,720	1,754	1,966	55*	1,671	1,307	686	17.2	16.8	17.5	0.9*	18.2	30.0	29.0
Hernia	4,004	2,129	1,875	210	730	1,660	1,405	18.5	20.4	16.7	3.6	8.0	38.2	59.5
Skin and musculoskeletal conditions														
Arthritis	26,820	9,563	17,258	193	4,549	11,330	10,748	123.7	91.4	153.8	3.3	49.6	260.5	455.1
Displacement of intervertebral disc	2,752	1,460	1,292	20*	979	1,276	477	12.7	14.0	11.5	0.3*	10.7	29.3	20.2
Selected other conditions														
Diabetes	5,450	2,339	3,111	52*	906	2,417	2,075	25.1	22.4	27.7	0.9*	9.9	55.6	87.9
Urinary system diseases	5,523	1,378	4,146	443	2,427	1,440	1,213	25.5	13.2	37.0	7.6	26.5	33.1	51.4
Diseases of prostate	1,234	1,234	....	*	165	434	635	5.7	11.8	....	*	1.8	10.0	26.9

... Condition not applicable.

NOTE: An individual may report multiple conditions; counts do not sum to unduplicated totals.

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

SOURCE: National Center for Health Statistics, 1979 and 1980 National Health Interview Survey; unpublished tabulations.

TABLE I.A.2

Highlights

- Close to 44 million persons, or more than one-fifth of the civilian noninstitutionalized population in 1979, are estimated to have had one or more impairments. Of these, 9.9 million had two or more impairments.

- One half of the noninstitutionalized population 65 and older had one or more impairments, and 17 percent had two or more.

- Hearing and orthopedic impairments were the most common multiple type, accounting for 2.3 of the 9.9 million. This would be expected, given that these two categories of impairments are by far the most prevalent (see table I.A.1).

- Of the six broad classes of chronic conditions, respiratory conditions were the most common, followed by skin and musculoskeletal conditions. An estimated 56.6 million persons had one or more respiratory conditions, and 55.0 million had one or more skin or musculoskeletal conditions. Circulatory conditions were somewhat more common than impairments; 46.8 million persons had one or more circulatory conditions. About half this number, 24.2 million persons, had one or more digestive conditions, and 27.8 million had one or more other conditions.

- Circulatory conditions had the highest rate of occurrence among the elderly; 638 per thousand persons 65 and older had one or more circulatory conditions, and 300 per thousand had two or more. Skin and musculoskeletal conditions also had very high rates of occurrence among the elderly, with 574 per thousand persons having one or more of such conditions and 205 per thousand having two or more.

- While still more common among the elderly, respiratory conditions had the most uniform rates of occurrence across age groups: 184 per thousand persons under 17 had one or more such conditions, compared to 350 per thousand aged 65 and over.

- Except for impairments, chronic conditions occurred more commonly among women than among men. The class of selected other conditions occurred at twice the rate among women as among men.

Explanatory Notes

Table I.A.2 presents estimates of persons reporting selected single or multiple impairments or other chronic health conditions, together with the rates of occurrence of such conditions by age and sex. The estimates were obtained from the 1979 National Health Interview Survey (NHIS), conducted by the National Center for Health Statistics. The data are based on information collected by personal interview from a nationwide sample of about 42,000 households. These households yielded a probability sample of approximately 111,000 persons, who were representative of the civilian noninstitutionalized population of the United States.

The estimates presented in this table were produced by Mathematica Policy Research from a public use microdata tape.

For a definition of chronic conditions and impairments see the notes accompanying table I.A.1, which presents estimates of the prevalence over the 1979-1980 period of the individual conditions and impairments identified here. To estimate the prevalence of chronic conditions, the NHIS sample is divided into six representative subsamples. Each subsample is administered one of six checklists of conditions representing a particular chronic condition system. These six broad systems are identified by itallics in the table. Because each respondent is administered only one of the six checklists, it is not possible to estimate the prevalence of multiple conditions across the six systems. It is for this reason that table I.A.2 focuses on multiple conditions *within* each system. Persons classified as having one impairment only may in fact have one or more other kinds of chronic condition.

Evidence that multiple conditions spanning two or more of the six groups are quite frequent may be drawn from the table by summing the six unduplicated rates of occurrence. Over all age groups the sum is 1,178 per thousand, indicating an overall average of more than one type of condition per person. Given that many persons have no chronic conditions, this implies that multiple conditions spanning the different systems are fairly common. Stronger evidence may be garnered from the statistics reported for the elderly, among whom the sum of the unduplicated totals is 2,654 per thousand.

The reader is cautioned that for some conditions the prevalence estimates in tables I.A.1 and I.A.2 diverge for reasons other than just the addition of the 1980 sample to table I.A.1. Of particular note, table I.A.2 implies about two million fewer heart conditions than table I.A.1. It is likely that this reflects primarily a difference in what individual disease codes were combined to form the heart condition category.

Table I.B.2 presents estimates of self-reported chronic activity limitations within the classes of single and multiple impairments reported here. Table I.B.5 provides estimates of the proportion of activity limited persons reporting individual chronic conditions as the main cause of their limitation. Several other tables present previously published data from the 1979 NHIS. For a listing see I.B.1. Tables I.C.1, II.A.1, II.A.2, II.C.1 and II.C.2 present original tabulations from the combined 1979 and 1980 surveys.

TABLE I.A.2

PREVALENCE OF MULTIPLE IMPAIRMENTS AND CHRONIC CONDITIONS BY AGE AND SEX: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979

Impairment or chronic condition	Thousands of persons reporting condition	Rate of occurrence per 1,000 persons						
			Sex		Age			
		Total	Male	Female	Under 17	17-44	45-64	65 and over
Impairments								
Unduplicated total	43,783	203.0	224.4	183.0	64.6	174.4	288.0	500.8
One impairment only	33,868	157.0	171.7	143.3	58.3	147.7	217.9	326.0
Visual	4,359	20.2	25.2	15.5	9.4	18.7	30.8	33.4
Hearing	10,405	48.2	54.7	42.2	11.9	32.0	74.6	152.9
Speech	1,170	5.4	6.9	4.1	12.4	3.2	1.9*	3.5*
Deformity or orthopedic	12,745	59.1	56.7	61.3	11.9	77.0	74.5	78.5
Absence of extremities or parts	1,000	4.6	7.6	1.9	0.7*	2.9	11.8	8.0*
Paralysis, complete or partial	477	2.2	2.5	2.0	0.9*	1.3*	3.3*	6.9*
Other impairment	3,712	17.2	18.1	16.4	11.1	12.6	21.1	42.9
Two or more impairments	9,915	46.0	52.7	39.7	6.3	26.8	70.0	174.8
Hearing and orthopedic only	2,340	10.8	12.1	9.7	0.4*	7.2	18.4	37.3
Hearing and visual only	1,252	5.8	7.4	4.3	0.1*	1.8*	7.3	32.5
Visual and orthopedic only	998	4.6	5.4	3.9	0.5*	4.2	7.0	12.1
Visual, hearing and orthopedic, with or w/out any other	503	2.3	2.0	2.6	0.0*	1.0*	3.2*	11.9
Other visual or hearing	1,028	4.8	5.2	4.4	0.0*	1.8*	8.2	21.7
Any other combination	3,794	17.6	20.6	14.8	5.2	10.8	26.0	59.2
Digestive conditions								
Unduplicated total	24,196	112.2	99.6	123.9	24.3	89.5	183.6	286.3
One condition only	18,994	88.0	80.6	95.0	22.9	74.4	138.3	209.9
Ulcer	2,579	12.0	12.4	11.6	1.5*	14.1	19.2	16.4
Hernia	2,539	11.8	14.5	9.2	4.0	5.8	24.6	30.4
Other digestive	13,875	64.3	53.7	74.2	17.4	54.5	94.5	163.2
Two or more conditions	5,202	24.1	19.0	28.9	1.4*	15.1	45.3	76.4
Ulcer and hernia, with or w/out any other	287	1.3	1.0*	1.6*	0.0*	0.3*	3.3*	5.1*
Other ulcer combination	933	4.3	3.5	5.1	0.0*	4.4	6.9	10.0
Other hernia combination	1,255	5.8	5.9	5.8	0.0*	2.1*	10.9	25.5
Any other combination	2,727	12.6	8.6	16.4	1.4*	8.3	24.3	35.8

TABLE I.A.2 Continued

PREVALENCE OF MULTIPLE IMPAIRMENTS AND CHRONIC CONDITIONS BY AGE AND SEX: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979

Impairment or chronic condition	Thousands of persons reporting condition	Rate of occurrence per 1,000 persons						
			Sex		Age			
		Total	Male	Female	Under 17	17-44	45-64	65 and over
Circulatory conditions								
Unduplicated total	46,798	216.9	192.4	239.8	28.5	156.8	368.8	638.1
One condition only	32,642	151.3	142.1	159.9	26.7	133.0	256.4	338.1
Heart	6,974	32.3	34.1	30.7	16.5	24.4	46.0	76.9
Hypertension	13,605	63.1	59.2	66.7	1.7*	45.1	131.7	158.0
Arteriosclerosis	646	3.0	3.0	3.0	0.0*	0.3*	3.7*	19.6
Cerebrovascular	331	1.5	1.3*	1.7*	0.0*	0.6*	3.6*	5.1*
Other circulatory	11,086	51.4	44.4	57.9	8.4	62.5	71.3	78.6
Two or more conditions	14,156	65.6	50.3	79.9	1.8*	23.8	112.4	300.0
Heart and hypertension only	2,661	12.3	10.7	13.9	0.0*	4.3	22.0	56.0
Heart, hypertension and arteriosclerosis, with or w/out any other	1,075	5.0	5.4	4.6	0.0*	0.2*	6.0	34.2
Other combination with heart and hypertension	1,439	6.7	3.9	9.3	0.0*	1.4*	14.0	30.1
Other combination with heart and arteriosclerosis	792	3.7	4.1	3.3	0.0*	0.1*	7.0	20.5
Other combination with hypertension and arteriosclerosis	1,002	4.6	3.1	6.1	0.0*	0.0*	4.1*	35.3
Other heart combination	1,643	7.6	5.5	9.6	1.3*	4.4	11.9	27.9
Other hypertension combination	3,951	18.3	13.0	23.3	0.1*	7.7	36.3	71.3
Any other combination	1,594	7.4	4.6	10.0	0.3*	5.7	11.1	24.5
Respiratory conditions								
Unduplicated total	56,611	262.4	246.1	277.7	184.2	266.1	312.9	349.6
One condition only	43,598	202.1	193.9	209.8	146.1	207.0	235.9	260.0
Asthma	3,729	17.3	18.0	16.6	25.5	14.9	16.0	8.5*
Chronic bronchitis	3,152	14.6	14.4	14.8	21.8	11.7	10.9	14.8
Emphysema	878	4.1	5.7	2.5	0.2*	0.7*	7.9	19.5
Other respiratory	35,839	166.1	155.8	175.8	98.5	179.7	201.0	217.2
Two or more conditions	13,013	60.3	52.2	67.9	38.1	59.1	76.9	89.6
Asthma and bronchitis, with or w/out any other	1,289	6.0	5.7	6.3	7.2	4.4	8.1	5.3*
Other asthma combination	1,370	6.3	6.1	6.6	5.3	5.1	10.0	7.0*
Other bronchitis combination	3,021	14.0	11.6	16.2	13.0	10.5	16.6	25.3
Any other combination	7,333	34.0	28.8	38.8	12.6	39.1	42.3	52.0

TABLE I.A.2 Continued

PREVALENCE OF MULTIPLE IMPAIRMENTS AND CHRONIC CONDITIONS BY AGE AND SEX: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979

Impairment or chronic condition	Thousands of persons reporting condition	Rate of occurrence per 1,000 persons						
		Total	Sex		Age			
			Male	Female	Under 17	17-44	45-64	65 and over
Skin and musculoskeletal conditions								
Unduplicated total	54,951	254.7	221.0	286.2	93.4	208.1	396.6	574.4
One condition only	40,330	187.0	168.7	204.0	86.4	166.4	266.6	369.4
Arthritis	15,557	72.1	55.2	87.9	3.0*	30.3	149.6	263.0
Displaced disc	1,074	5.0	6.1	3.9	0.2*	6.4	8.0	5.8*
Other skin or musculoskeletal	23,700	109.9	107.4	112.2	83.2	129.8	109.0	100.6
Two or more conditions	14,621	67.7	52.3	82.2	7.0	41.6	130.0	205.0
Arthritis and displaced disc, with or w/out any other	960	4.5	3.6	5.2	0.0*	1.6*	11.3	13.9
Other arthritis combination	9,018	41.8	27.9	54.7	0.7*	15.8	87.7	160.0
Other displaced disc combination	510	2.4	3.2	1.6*	0.2*	2.4	4.9	2.8*
Any other combination	4,133	19.2	17.5	20.7	6.2	21.9	26.0	28.3
Selected other conditions								
Unduplicated total	27,756	128.7	85.7	168.7	33.7	113.1	194.0	304.7
One condition only	22,742	105.4	74.3	134.4	31.6	92.9	156.5	243.4
Diabetes	3,876	18.0	17.5	18.4	1.1*	6.9	43.2	55.9
Diseases of urinary system	3,474	16.1	8.8	22.9	6.8	18.1	15.6	32.2
Diseases of prostate	780	3.6	7.5	...	0.0*	1.8*	5.0	17.1
Other condition	14,612	67.7	40.5	93.1	23.6	66.0	92.7	138.1
Two or more conditions	5,014	23.2	11.4	34.3	2.1*	20.2	37.6	61.3
Diabetes and urinary system, with or w/out any other	429	2.0	1.1*	2.8	0.0*	0.6*	4.5*	7.6*
Other diabetes combination	887	4.1	3.0	5.2	0.0*	1.0*	9.8	15.7
Other urinary system combination	1,394	6.5	2.3	10.4	1.1*	6.6	9.3	14.0
Any other combination	2,303	10.7	5.0	16.0	1.0*	11.9	14.0	24,0

. . . Condition not applicable.

NOTE: Categories of conditions include only those conditions occurring within a given chronic condition system. Persons in a given category may have other chronic conditions from other systems. Furthermore, the total persons reporting one or more chronic conditions *cannot* be estimated by summing over the six chronic condition systems.

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

SOURCE: National Center for Health Statistics, 1979 National Health Interview Survey; original tabulation prepared from public use tape by Mathematica Policy Research.

TABLE I.A.3

Highlights

- Among selected chronic conditions and impairments reported in the National Health Interview Survey between 1970 and 1977, the condition with the highest incidence, or rate of onset within a 12-month period, was arthritis. Nearly two million onsets, amounting to 9.5 cases per 1,000 persons, were estimated to have occurred in 1976. Arthritis was also the most prevalent condition, affecting 117 out of every 1,000 persons or nearly 12 percent of the civilian noninstitutionalized population.

- Two other conditions had incidence rates comparable to arthritis. Deformities and orthopedic impairments occurred with a rate of 9.1 per thousand, and hypertensive disease occurred at a rate of 8.8 per thousand.

- Three other conditions had incidence rates of 5.0 per thousand or higher: diseases of the urinary system, at 7.5; chronic bronchitis, at 7.0; and heart disease, at 6.2.

- Among other conditions with relatively high rates of onset, visual and hearing impairments had rates of 4.2 per thousand. Hernia and ulcers had rates of 3.6 and 2.9 per thousand, respectively. Female troubles, excluding breast, had an incidence rate of 3.7; anemia had a rate of 3.3; and diabetes had a rate of 3.0 per thousand.

The ratio of incidence to prevalence, indicating the proportion of cases with onset during the preceding 12 months, was 25 percent or higher for three conditions: diseases of the urinary system and prostate, and female troubles except breast. A high ratio of incidence to prevalence could reflect relatively rapid recovery, mortality or institutionalization of victims.

- The lowest ratios of incidence to prevalence were recorded for hearing and speech impairments and absence of extremities. All of these ratios were below six percent. Visual impairments and asthma had ratios between seven and eight percent.

- While arthritis had the highest overall rate of incidence, the new onsets amounted to only eight percent of all reported cases. Deformities, with a comparable rate of incidence, had a similarly low ratio of new onsets to total reported cases, at 10 percent.

Explanatory Notes

Table I.A.3 presents statistics on the incidence and prevalence of selected chronic conditions between 1970 and 1977. The data were compiled from six separate years of the National Health Interview Survey. Prior to 1978, the National Health Interview Survey collected prevalence data on only one of six chronic condition systems in a given year; data on all six were collected in a six year cycle. For this reason, the data in table I.A.3 were drawn from six different years. Because of the changing population base, the comparisons between conditions from different systems should focus more heavily on rates than numbers of occurrences.

Since 1978, data on all six chronic condition systems have been collected each year, but only on a subsample basis. Each sample household is asked to provide information on only one of the six systems. As a result, the statistical reliability of estimates of incidence based on these surveys is very low. The earlier surveys, though dated, provide better estimates of incidence than the more recent surveys.

The percentage of cases with onset during the preceding 12 months provides an indication of the average duration of a condition among members of the population covered by the survey. If 25 percent of the cases had onset during the past year, the implied duration is four years. Likewise, if only 10 percent of the cases had onset during the past year, the implied duration is 10 years. The implications of a short duration, however, are not apparent from these data. Conditions with high recovery rates and conditions with high mortality rates will both have short average durations. Other things being equal, conditions that affect primarily the elderly will have shorter average durations than conditions that affect the young, simply because general mortality rates are much higher among the elderly. Finally, conditions that frequently result in institutionalization will appear to have short durations, as many of their victims will fall outside the universe covered by the survey. The reader should be aware of these multiple contingencies when reviewing this table.

Tables IV.1 and IV.2 present estimates of the social, demographic and economic characteristics of persons with each of the chronic conditions listed here. The data source is identical. Tables I.A.1 and I.A.2 provide estimates of the 1979-1980 prevalence of these chronic conditions, and tables I.B.2 and I.B.5 relate these conditions to self-reported activity limitations in 1979. The reader is cautioned against using these data to estimate trends in prevalence over time, however, as the classification of individual impairments and chronic conditions may not be comparable.

Numerous other tables present data from the National Health Interview Survey for various years. See I.A.1 and I.B.1 for listings.

TABLE 1.A.3

ANNUAL INCIDENCE AND PREVALENCE OF SELECTED IMPAIRMENTS AND CHRONIC CONDITIONS: CIVILIAN NONINSTITUTIONALIZED POPULATION, VARIOUS YEARS

Impairment or chronic condition	Incidence[1]		Prevalence[2]		Incidence as percent of prevalence[3]	Year of data collection
	Thousands of cases	Rate per 1,000 persons	Thousands of cases	Rate per 1,000 persons		
Impairments						
Visual	884	4.2	11,415	53.8	7.7	1977
Hearing	900	4.2	16,219	76.4	5.5	1977
Speech	113	0.5	1,995	9.4	5.7	1977
Absence of extremities	128	0.6	2,225	10.5	5.8	1977
Paralysis	151	0.7	1,532	7.2	9.9	1977
Deformities or orthopedic impairments	1,926	9.1	20,225	95.3	9.5	1977
Circulatory conditions						
Heart disease	1,258	6.2	10,291	50.4	12.2	1972
Hypertensive disease	1,802	8.8	12,271	60.1	14.7	1972
Cerebrovascular disease	215	1.1	1,534	7.5	14.0	1972
Arteriosclerosis	85	0.4	700	3.4	12.1	1972
Respiratory conditions						
Emphysema	140	0.7	1,313	6.6	10.7	1970
Asthma	445	2.2	6,031	30.2	7.4	1970
Chronic bronchitis	1,402	7.0	6,526	32.7	21.5	1970
Digestive conditions						
Ulcer	609	2.9	3,955	18.9	15.4	1975
Hernia	755	3.6	3,725	17.8	20.3	1975
Skin and musculoskeletal conditions						
Arthritis	1,994	9.5	24,573	116.7	8.1	1976
Displacement of intervertebral disc	245	1.2	2,638	12.5	9.3	1976
Selected other conditions						
Diabetes	612	3.0	4,191	20.4	14.6	1973
Diseases of urinary system	1,537	7.5	5,768	28.0	26.6	1973
Diseases of prostate	325	1.6	1,297	6.3	25.1	1973
Female troubles except breast	766	3.7	2,896	14.1	26.5	1973
Anemia	688	3.3	2,986	14.5	23.0	1973

[1] Number of conditions having their onset within 12 months prior to the interview. Onset is defined as the time when the condition was first noticed.

[2] Total number of conditions reported.

[3] Percent of cases with onset during the preceding 12 months.

SOURCE: National Center for Health Statistics, National Health Interview Survey; data reported in *Vital and Health Statistics*, Series 10, Nos. 84, 94, 109, 123, 124 and 134.

TABLE I.A.4

Highlights

- There were 152,000 mentally retarded persons living in public residential facilities in 1977. A minimum of 62,000 additional mentally retarded persons were residing in community residential facilities, and 5,000 were living in licensed foster homes.
- Males were 57 percent of the residents of public facilities and 55 percent of the residents of community facilities but only 46 percent of the residents of foster homes.
- Nearly half of the residents of public facilities were aged 22-39, and an additional 25 percent were 15-21. Only 4.3 percent were over 62 and only 2.5 percent under 15.
- Residents of community facilities were younger than residents of public facilities: 19 percent were under 15 and an additional 19 percent were 15- 21 years of age. There were as many residents 22-39 as under 22 while only 3.5 percent were over 62.
- Foster homes included proportionately more older residents than the larger facilities: twelve percent were over 62, and 31 percent were between 40 and 62. Foster homes also had a larger proportion of residents under 15 than did public residential facilities.
- Nearly one-third of the residents of public facilities suffered from epilepsy, and 19 percent had cerebral palsy. Six percent were blind, 3.6 percent were deaf, and 4.2 percent had autistic traits.
- Significantly smaller proportions of community facility residents and, for the most part, still smaller proportions of foster home residents had these other health conditions.

Explanatory Notes

Table I.A.4 presents data from a mail survey of residential facilities and foster homes for the mentally retarded, conducted as part of the Developmental Disabilities Project on Residential Services and Community Adjustment at the University of Minnesota.

As defined in the source publication, public residential facilities are "state-sponsored or state-administered facilities providing comprehensive programming twenty-four hours a day, seven days a week." Community residential facilities are "community-based living quarters" with "responsibility for the room, board, and supervision of mentally retarded people on a twenty-four-hour basis, seven days a week." The foster homes included in the survey were licensed or contracted by the State "to provide mental retardation services." At the time of the survey, only twenty States had established foster homes of this type.

All 263 public residential facilities responded to the mailed questionnaires, as did 4,427 of the 5,039 known community residential facilities and 1,973 of 2,609 licensed foster homes. The total residents reported in the table are the numbers of persons residing in those facilites that responded to the questionnaires.

A cautionary note is in order. With deinstitutionalization occurring throughout the country, both the number and characteristics of mentally retarded persons in institutional settings will have changed since 1977. See table I.A.5 for data on trends in the number of mentally retarded persons in institutions.

For other tables based on these same data see I.C.7 and V.4.

TABLE I.A.4

MENTALLY RETARDED PERSONS IN RESIDENTIAL PROGRAMS, BY SEX, AGE, OTHER DIAGNOSTIC CONDITION, AND TYPE OF FACILITY: 1977

Characteristics (percent of total)	Public residential facilities	Community residential facilities	Foster homes
Total residents	151,972	62,397	4,999
Sex			
Male	57.2	55.3	46.3
Female	42.8	44.7	53.7
Age			
0-4	0.7	2.4	3.4
5-9	0.5	6.4	5.8
10-14	1.3	10.0	3.6
15-21	25.4	19.3	18.5
22-39	46.2	38.5	25.9
40-62	21.5	19.9	31.2
63+	4.3	3.5	11.8
Other condition			
Deaf	3.6	2.7	3.7
Blind	6.1	3.2	2.6
Epilepsy	32.5	17.5	8.0
Cerebral palsy	19.3	8.7	4.0
Autistic traits	4.2	2.9	2.6

SOURCE: Robert H. Bruininks, Bradley K. Hill, and Mary Jo Thorsheim, "Deinstitutionalization and Foster Care for Mentally Retarded People," in *Health and Social Work*, August 1982, tables 3 and 4.

TABLE I.A.5

Highlights

- The number of State-operated residential facilities serving primarily the mentally retarded grew from 96 in 1950 to more than 250 in the late 1970s.

- The number of mentally retarded residents of State-operated facilities grew from 129,000 in 1950 to a peak of 193,000 in 1967. The size of the residential population began a gradual decline in 1967 that accelerated during the 1970s as a result of a nationwide effort to shift residential care of the mentally retarded to smaller, community-based facilities. By 1982 the number of mentally retarded residents had fallen to 119,000.

- As a fraction of the total civilian population, the number of mentally retarded residents of State-operated facilities peaked in 1966 at 99 per 100,000 or about .1 percent. By 1982 this figure had fallen by nearly half to 52 per 100,000 persons.

- The initial declines in the residential population were the result of increased releases rather than reduced admissions. Admissions began to decline significantly in the 1970s, falling from 15,000 annually to fewer than 5,000 in 1980, although they doubled in the next two years.

Explanatory Notes

Table I.A.5 presents statistics on mentally retarded residents of State-operated residential facilities for the mentally retarded. The statistics were compiled from several sources, as documented in the note below the table. The Federal government's annual collection and publication of statistics on the mentally retarded in State institutions was terminated in 1971. The statistics for later years are the result of several private and federally sponsored efforts.

Differences in the universe of facilities used in the later surveys introduce inconsistencies into the annual time series. The 1977, 1981 and 1982 statistics include between 20 and 30 mental hospitals and mental health centers with some mentally retarded residents. The series most affected by this is the number of facilities; the average number of mentally retarded residents in such facilities is relatively small compared to the average number of residents in facilities for the mentally retarded.

Another difference between the earlier and later statistics involves the inclusiveness of live releases. The statistics for 1975 and earlier represent live releases net of readmissions; the later statistics are total live releases. For 1975 and earlier, therefore, the difference between total annual admissions and live releases overstates the net addition to the mentally retarded population in State institutions.

For tables on the mentally retarded population in both State-operated and community-based facilities in 1977, see I.A.4, I.C.7 and V.4.

TABLE I.A.5

MENTALLY RETARDED RESIDENTS OF STATE-OPERATED RESIDENTIAL FACILITIES FOR THE MENTALLY RETARDED: 1950-1982

Year	Number of facilities	Total residents on June 30	Residents per 100,000 in general population[1]	Total annual admissions	Live releases[2]
1950	96	129,399	86.1	12,233	5,531
1955	99	145,870	89.9	13,096	5,581
1960	108	163,730	91.9	14,701	6,451
1965	143	187,273	97.7	17,300	7,993
1966	154	191,987	99.3	14,998	9,268
1967	165	193,188	98.9	15,714	11,665
1968	170	192,520	97.7	14,688	11,675
1969	180	189,394	95.1	14,868	14,701
1970	190	186,743	92.6	14,985	14,702
1971	190	180,962	88.6	15,370	17,080
1972	210	181,035	87.2	NA	NA
1973	NA	173,775	82.9	NA	NA
1974	235	166,247	78.6	NA	NA
1975	NA	159,041	74.4	13,424	18,320
1976	244	157,134	73.8	NA	NA
1977[3]	263	151,972	69.7	10,132	11,897
1978	257	143,721	65.2	10,508	15,088
1979	256	138,592	62.1	13,573	16,980
1980	252	131,721	58.4	4,745	11,973
1981[3]	285	125,500	55.1	7,874	13,024
1982[3]	279	118,982	51.8	9,798	12,523

NA: Statistic not available.

[1] Base is the civilian resident population on July 1.

[2] Figures through 1975 represent live releases in excess of the number of readmissions. Figures for 1975 and later are total live releases.

[3] Figures include between 20 and 30 mental hospitals and mental health centers with some mentally retarded residents.

SOURCE: 1950-1971, National Institute of Mental Health, and Social and Rehabilitation Service, as reprinted in U.S. Bureau of the Census, *Historical Statistics of the United States, Colonial Times to 1970,* Series B428-443; 1972-1974, R.C. Scheerenberger, under the sponsorship of the National Association of Superintendents of Public Residential Facilities for the Mentally Retarded, as reprinted in K. Charlie Lakin, *Demographic Studies of Residential Facilities for the Mentally Retarded: An Historical Review of Methodologies and Findings,* tables 5 and 6; 1975-1976, U.S. Office of Human Development Services, as reported in U.S. Department of Commerce, *Statistical Abstract of the United States, 1978,* table 177; 1977, R.C. Scheerenberger, as presented in Developmental Disabilities Project on Residential Services and Community Adjustment, Brief No. 3, *1977 National Summary Between Public and Community Residential Findings;* 1978-1980, Krantz, Bruininks and Clumpner, *Mentally Retarded People in State-Operated Residential Facilities,* annual; 1981-1982, R.C. Scheerenberger, *Public Residential Services for the Mentally Retarded, 1982.*

TABLE I.A.6

Highlights

- The 1.3 million nursing home residents in 1977 recorded an average of 3.3 chronic conditions per person from a selected list of 24 conditions.

- The most common conditions were arteriosclerosis, heart disease, senility, chronic brain syndrome, arthritis/rheumatism, and hypertensive disease. Nearly half (620,000) of the residents suffered from arteriosclerosis. Heart disease affected 449,000; senility affected 416,000; and chronic brain syndrome affected 325,000 residents. The number with arthritis or rheumatism was 321,000, and 273,000 had hypertensive disease.

- Other conditions affecting 10 percent or more of the residents were stroke; permanent stiffness of the back, limbs or extremities; mental illness; diabetes; edema and kidney trouble.

- Most conditions did *not* grow markedly in prevalence as age increased. Exceptions to this were heart disease, arteriosclerosis, arthritis/rheumatism, blindness, glaucoma/cataracts, deafness, senility and edema. For each of these the number of residents 85 and over with the condition exceeded the number 75-84, even though the total residents 75-84 were more numerous than those 85 and over.

- Several conditions showed a significant decline in prevalence with increasing age. These were stroke, paralysis or palsy (related to stroke or not), absence of extremities, Parkinson's disease, mental illness, mental retardation and diabetes.

- The number of conditions per person did increase with age, however. Residents under 65 had 2.4 conditions per person; residents 65-74 had 3.0; residents 75-84 had 3.5; and residents 85 and over had 3.7 conditions per person.

Explanatory Notes

Table I.A.6 presents data from the 1977 National Nursing Home Survey, conducted by the National Center for Health Statistics. The data in this table are based on interviews with nursing home staff members, who provided information on residents selected from their respective facilities. Residents' medical records were consulted for some of the data. The resident sample consisted of approximately 7,300 persons in 1,451 facilities. The facilities were sampled from an estimated universe of 18,900. Interviews were conducted between May and December, 1977. The estimates of residents and their characteristics reported in the table represent an average over the survey period.

The estimates of prevalence of chronic conditions and impairments reported here complement those presented in table I.A.1, as residents of nursing homes are excluded from the population covered by the National Health Interview Survey.

The 24 categories of impairments and chronic conditions reported in the table were selected from the list of 37 long-term physical and mental problems shown to each nursing staff respondent. Respondents based their assessments upon personal knowledge of each resident's health, supplemented by reference to medical records. The categories presented here include chronic conditions for which estimates were presented in table I.A.1 plus other conditions of particular significance among nursing home residents. Readers are cautioned that category definitions may differ between tables I.A.1 and I.A.6.

For other tables based on the 1977 National Nursing Home Survey see I.C.5, I.C.6, II.A.3 and II.A.4.

TABLE I.A.6

RESIDENTS OF NURSING HOMES BY AGE AND SEX AND PRESENCE OF SELECTED IMPAIRMENTS AND CHRONIC CONDITIONS: 1977

(thousands of persons)

Selected impairments and chronic conditions	Total	Sex		Age				
		Male	Female	Under 65 years	Total 65 years and over	65-74 years	75-84 years	85 years and over
Total residents	1,303	375	928	177	1,126	211	465	450
Circulatory conditions								
Heart disease	449	123	326	22	427	59	171	198
Hypertension	273	62	211	22	251	43	109	98
Arteriosclerosis	620	154	466	18	603	70	249	284
Stroke	214	68	146	20	194	48	87	59
Paralysis or palsy; stroke related	81	28	52	11	70	23	32	15
Musculoskeletal conditions								
Arthritis, rheumatism	320	60	261	12	308	34	123	151
Permanent stiffness or deformity of back, limbs	182	50	132	31	151	27	63	61
Other chronic back/spine problems	60	15	46	10	51	6	23	21
Absence of extremities	32	17	15	5	27	8	10	9
Nervous system conditions								
Blindness	72	20	52	6	66	7	24	36
Glaucoma, cataracts	114	31	83	6	109	14	42	53
Deafness	90	30	60	6	85	6	26	52
Parkinson's disease	58	17	60	4	54	16	25	14
Paralysis or palsy, not stroke related	46	16	30	25	21	7	10	5
Mental disorders and senility								
Mental illness	148	49	100	55	94	42	36	16
Chronic brain syndrome	325	88	236	30	295	48	130	117
Senility	416	94	323	10	406	46	170	190
Mental retardation	80	36	44	53	26	15	9	2*
Selected other conditions								
Diabetes	190	48	142	21	169	38	76	55
Chronic respiratory disease	86	45	42	10	77	16	30	30
Edema	234	54	179	19	215	30	90	95
Kidney trouble	132	42	89	15	117	21	50	46
Anemia	71	17	53	5	66	9	29	28
Cancer	64	24	40	4	60	11	25	24
Mean conditions per person	3.34	3.17	3.42	2.36	3.50	3.05	3.52	3.69

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

SOURCE: National Center for Health Statistics, 1977 National Nursing Home Survey; data reported in *Vital and Health Statistics*, Series 13, No. 51, table 8.

TABLE I.A.7

Highlights

- At the end of 1979 there were 230,000 persons receiving inpatient services for mental illness or emotional disturbances in all mental health facilities. The average daily number of residents during the year was 232,000.

- Total inpatient episodes—the sum of inpatients resident at the *beginning* of the year and the number of inpatients added during the year—numbered 1.78 million.

- State and county mental hospitals accounted for 137,000 or nearly 60 percent of the average daily inpatients. Veterans Administration psychiatric services accounted for the next largest number of average daily inpatients with 29,000, followed by non-federal general hospitals with 23,000.

- The large number of inpatient additions (1.54 million) relative to the average daily census (232,000) implies an average length of stay of well under a year. More specifically, the additions outnumber the average daily census by better than six to one, indicating a mean length of stay of less than one-sixth of a year.

- Mean length of stay varied considerably among types of facilities. General hospital psychiatric services recorded more inpatient additions than State and county mental hospitals, despite an average daily census only one-sixth as large. The length of stay averaged only slightly more than two weeks in general hospitals, compared to four months in State and county mental hospitals. Federally funded community mental health centers also recorded average stays of little more than two weeks while residential treatment centers for emotionally disturbed children had the longest average stay at more than one year.

Explanatory Notes

Table I.A.7 presents data compiled from several sources by the National Institute of Mental Health (NIMH), Division of Biometry and Epidemiology. Sources include the Inventory of Mental Health Facilities and the Annual Census of State and County Mental Hospital Inpatient Services. A mental health facility is defined as an administratively distinct agency or institution whose primary concern is the provision of direct mental health services to the mentally ill or emotionally disturbed. Such facilities include the separate psychiatric units of general hospitals.

The average daily inpatient census is computed by dividing the total annual inpatient days by the number of days in the year.

Inpatient additions include new admissions, readmissions, returns from long-term leave, and transfers from noninpatient divisions of the same hospital. Noninpatient service includes outpatient treatment and partial hospitalization (day treatment and evening or weekend visits).

The mean length of stay per episode can be approximated by the ratio of the average daily census to the total inpatient additions; the result is expressed in years. This result is approximate because inpatient movements into and out of facilities may be distributed unevenly over the year and because growth rates and mean length of stay may be changing.

For three types of facilities, as noted in the table, data for 1979 were not available, and NIMH substituted what were then the most current data. For two facility types this meant 1977; for the third it meant 1980. Because of this limitation, the aggregate counts over all facilities may not provide a fully accurate representation of mental health inpatients in 1979.

Table I.A.8 presents time trends, by facility type, for the average daily inpatient census and the number of inpatient episodes. Table V.5 presents State-specific estimates of inpatients and additions in State and county mental hospitals in 1976.

TABLE I.A.7

MENTAL HEALTH INPATIENTS AT END OF YEAR, AVERAGE DAILY CENSUS, ANNUAL ADDITIONS AND EPISODES, BY TYPE OF FACILITY: 1979

Type of facility	Average daily inpatient census	Inpatients at end of year		Inpatient additions[1]		Inpatient episodes[2]	
		Number	Percent	Number	Percent	Number	Percent
All facilities	232,340	230,216	100.0	1,541,659	100.0	1,779,587	100.0
State and county mental hospitals	137,289	140,355	61.0	383,323	24.9	526,690	29.6
Private psychiatric hospitals	13,901	12,921	5.6	140,831	9.1	150,535	8.5
Non-Federal general hospital psychiatric services[3]	23,110	18,783	8.2	551,190	35.8	571,725	32.3
V.A. psychiatric services[3]	29,118	28,693	12.5	180,416	11.7	217,507	12.2
Federally funded community mental health centers[4]	9,886	10,112	4.4	246,409	16.0	254,288	14.3
Residential treatment centers for emotionally disturbed children	17,896	18,276	7.9	15,453	1.0	33,729	1.9
All other facilities	1,140	1,076	0.4	24,037	1.6	25,113	1.4

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[1] Inpatients admitted during the year.

[2] Cases treated during the year, computed as the sum of inpatients at the beginning of the year and inpatient additions during the year.

[3] Figures are for 1977; data for 1979 are not available.

[4] Figures are for 1980; data for 1979 are not available.

SOURCE: National Institute of Mental Health, Division of Biometry and Epidemiology, *Mental Health, United States, 1969-1979.*

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TABLE I.A.8

Highlights

- The average daily number of inpatients in mental health facilities declined by one-half between 1969 and 1979, falling from 469,000 to 232,000.
- The annual number of inpatient episodes (cases treated during the year) rose slightly over this same period, keeping pace with total population size between 1969 and 1977 but dropping between 1977 and 1979.
- Together, these two trends imply a 50 percent reduction in average duration per episode but little change in admissions to mental health facilities. However, the admissions figures do not distinguish between new admissions and readmissions, whose trends may not be constant.
- The decline in the average daily number of inpatients was accompanied by a shift in the distribution of inpatients and episodes by type of facility. The average daily inpatient census in State and county mental hospitals fell by more than 60 percent while the inpatient census in all but one of the other six types of facilities actually rose. Similarly, inpatient episodes in State and county mental hospitals declined by one-third, whereas episodes in five of the six types of facilities increased. Inpatient episodes in federally funded community mental health centers increased nearly fourfold, from 65,000 to 254,000.

Explanatory Notes

Table I.A.8 presents data compiled from several sources by the National Institute of Mental Health (NIMH), Division of Biometry and Epidemiology. Sources include the Inventory of Mental Health Facilities and the Annual Census of State and County Mental Hospital Inpatient Services. A mental health facility is defined as an administratively distinct agency or institution whose primary concern is the provision of direct mental health services to the mentally ill or emotionally disturbed. Such facilities include the separate psychiatric units of general hospitals.

The average daily inpatient census is computed by dividing the total annual inpatient days by the number of days in the year.

The number of inpatient episodes represents the sum of inpatients at the beginning of the year and inpatient additions during the year. Inpatient additions include new admissions, readmissions, returns from long-term leave, and transfers from noninpatient divisions of the same hospital. Noninpatient service includes outpatient treatment and partial hospitalization (day treatment and evening or weekend visits).

For three types of facilites, as noted in the table, data for 1979 were not available, and NIMH substituted what were then the most current data. For two facility types this meant 1977; for the third it meant 1980. Because of this limitation, the aggregate counts over all facilities may not provide a fully accurate representation of mental health inpatients in 1979.

Table I.A.7 provides a percentage distribution, by type of facility, of inpatients at the end of the year, additions and episodes. Table V.5 presents State-specific estimates of inpatients and additions in State and county mental hospitals in 1976.

TABLE I.A.8

AVERAGE DAILY INPATIENT CENSUS AND NUMBER OF INPATIENT EPISODES, BY TYPE OF MENTAL HEALTH FACILITY: 1969-1979

Type of facility	1969	1971	1973	1975	1977	1979
			Average daily inpatient census			
All facilities	468,831	420,930	346,233	287,588	252,285	232,340
State and county mental hospitals	367,629	326,575	252,630	193,380	156,729	137,289
Private and psychiatric hospitals	17,608	11,562	11,255	12,058	13,129	13,901
Non-Federal general hospital psychiatric services	17,808	18,701	19,151	22,874	23,110	23,110[1]
V.A. psychiatric services	47,140	39,115	35,575	32,123	29,118	29,118[1]
Federally funded community mental health centers	5,270	6,096	8,975	10,186	10,460	9,886[2]
Residential treatment centers for emotionally disturbed children	12,406	17,414	17,364	16,164	17,934	17,896
All other facilities	970	1,467	1,283	803	1,805	1,140
			Number of inpatient episodes[3]			
All facilities	1,710,372	1,755,816	1,730,787	1,817,108	1,846,090	1,779,587
State and county mental hospitals	767,115	745,259	652,000	598,993	574,226	526,690
Private psychiatric hospitals	102,510	97,963	123,000	137,025	150,685	150,535
Non-Federal general hospital psychiatric services	535,493	542,642	487,787	565,696	571,725	571,725[1]
V.A. psychiatric services	186,913	176,800	208,000	214,264	217,507	217,507[1]
Federally funded community mental health centers	65,000	130,088	192,000	246,891	268,966	254,288[2]
Residential treatment centers for emotionally disturbed children	21,340	28,637	29,000	28,302	33,504	33,729
All other mental health facilities	32,001	34,427	39,000	25,937	29,477	25,113

[1] Figures are for 1977; data for 1979 are not available.

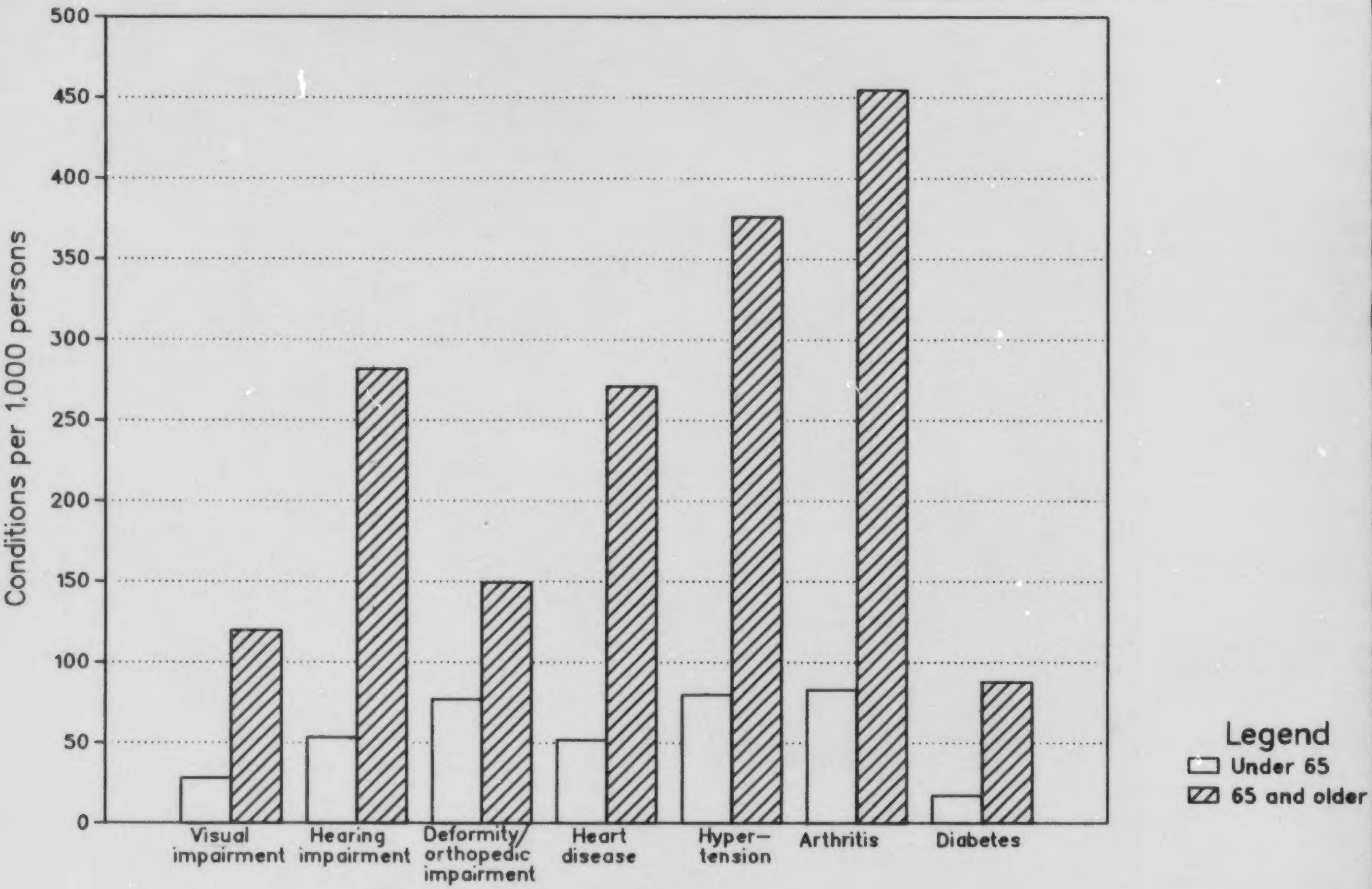
[2] Figures are for 1980; data for 1979 are not available.

[3] Cases treated during the year, computed as the sum of inpatients at the beginning of the year and inpatient additions during the year (see table I.A.7).

SOURCE: National Institute of Mental Health, Division of Biometry and Epidemiology, *Mental Health, United States, 1969-1979.*

Chart 1

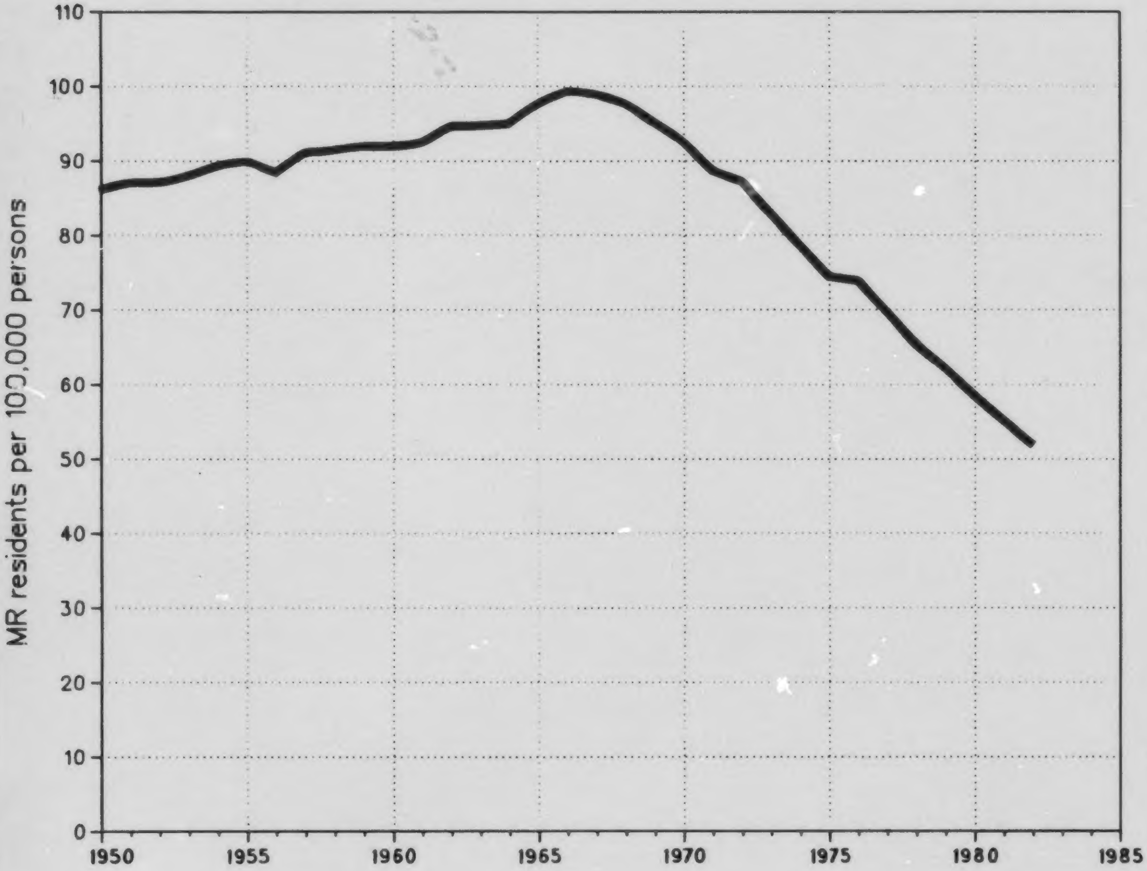
Selected Impairments and Chronic Conditions, By Age, 1979–1980



Source: See table I.A.1

Chart 2

Mentally Retarded Residents of Public Residential Facilities, 1950 – 1982



Source: See table I.A.5.

B. ACTIVITY LIMITATIONS

TABLE I.B.1

Highlights

- Over 31 million persons or 14.6 percent of the civilian noninstitutionalized population reported some degree of chronic activity limitation in 1979.

- Nearly 8 million persons, or 3.7 percent, reported themselves unable to carry on their major activity. Another 15.6 million, or 7.2 percent, were limited in the amount or kind of major activity while 8 million were limited but not in their major activity.

- The percentage of persons reporting activity limitations rose sharply with age: 3.9 percent of persons under 17 reported chronic activity limitations while 46 percent or nearly half of the persons 65 and older did so.

- Severe limitations rose even more sharply with age. Only .2 percent of persons under 17 were unable to carry on their major activity, compared with 1.1 percent of persons 17-44, 6.5 percent of persons 45-64, and 16.9 percent of persons 65 and older.

- Comparable percentages of men and women reported chronic activity limitations, but men were almost three times as likely to report being unable to carry on their major activity. This held true even among the elderly.

- Within individual age groups, men reported chronic activity limitations somewhat more frequently than did women. Persons unable to carry on their major activity were three to four times more prevalent among men than among women in all age groups except under 17 years.

Explanatory Notes

Table I.B.1 presents data from the 1979 National Health Interview Survey, conducted by the National Center for Health Statistics. The data are based on information collected by personal interview from a nationwide sample of about 42,000 households. These households yielded a probability sample of approximately 111,000 persons, who were representative of the civilian noninstitutionalized population of the United States. Household interviews were distributed over the year, with about 800 conducted each week. Estimates from the survey represent a twelve-month average rather than a specific point in time.

A chronic activity limitation refers to a restriction in activity as a result of a condition which was first noticed more than three months before the interview or which is one of several conditions always classified as chronic regardless of the date of onset. The degree of activity limitation is defined with respect to the major or usual activities of persons in four groups: preschool children, school-age children, housewives, and workers and all other persons. Each person's activity limitation is evaluated with respect to what is usual for his or her group.

For other tables based on the 1979 National Health Interview Survey see I.C.3, I.C.4, and II.D.1 through II.D.4.

TABLE I.B.1

CHRONIC ACTIVITY LIMITATION STATUS, BY SEX AND AGE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979

Sex and age	*Number of persons in thousands*						*Percentage distribution*					
	All persons	With no limitation of activity	With limitation of activity				All persons	With no limitation of activity	With limitation of activity			
			Total	Limited but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]			Total	Limited but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Both sexes												
All ages	215,723	184,227	31,496	8,019	15,603	7,874	100.0	85.4	14.6	3.7	7.2	3.7
Under 17 years	58,250	55,959	2,291	1,059	1,123	109	100.0	96.1	3.9	1.8	1.9	0.2
17-44 years	90,673	82,667	8,006	2,993	4,003	1,010	100.0	91.2	8.8	3.3	4.4	1.1
45-64 years	43,457	33,005	10,452	2,368	5,277	2,808	100.0	75.9	24.1	5.4	12.1	6.5
65 years and over	23,343	12,595	10,747	1,559	5,200	3,947	100.0	54.0	46.0	6.9	22.3	16.9
Male												
All ages	104,097	88,760	15,337	3,775	5,773	5,789	100.0	85.3	14.7	3.6	5.5	5.6
Under 17 years	29,714	28,404	1,310	601	652	57	100.0	95.6	4.4	2.0	2.2	0.2
17-44 years	43,993	39,920	4,073	1,576	1,764	733	100.0	90.7	9.3	3.6	4.0	1.7
45-64 years	20,773	15,541	5,232	1,097	1,895	2,240	100.0	74.8	25.2	5.3	9.1	10.8
65 years and over	9,617	4,895	4,721	501	1,462	2,758	100.0	50.9	49.1	5.2	15.2	28.7
Female												
All ages	111,626	95,467	16,159	4,244	9,830	2,086	100.0	85.5	14.5	3.8	8.8	1.9
Under 17 years	28,537	27,555	981	457	471	53	100.0	96.6	3.4	1.6	1.7	0.2
17-44 years	46,680	42,747	3,933	1,417	2,239	277	100.0	91.6	8.4	3.0	4.8	0.6
45-64 years	22,684	17,464	5,219	1,271	3,382	567	100.0	77.0	23.0	5.6	14.9	2.5
65 years and over	13,726	7,700	6,026	1,099	3,738	1,189	100.0	56.1	43.9	8.0	27.2	8.7

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

SOURCE: National Center for Health Statistics, 1979 Health Interview Survey; data reported in *Vital and Health Statistics*, Series 10, No. 137, table 1.

TABLE I.B.2

Highlights

- An estimated 48 percent of the 44 million persons in 1979 with one or more impairments had a chronic activity limitation; 13 percent were unable to carry on their major activity.

- Three-quarters of those persons with two or more impairments had a chronic activity limitation, and 26 percent were unable to carry on their major activity.

- The individual impairment most closely associated with chronic activity limitation was paralysis; 88 percent of persons with complete or partial paralysis (and no other impairment) were limited in their activity. Deformities or orthopedic impairments ranked second; 41 percent of the persons with such impairments and no other had activity limitations.

- Digestive conditions were associated with a somewhat higher rate of activity limitations than impairments, while circulatory and selected other conditions had somewhat lower rates of limitation. Activity limitations were reported least often by persons with respiratory conditions.

- Among specified single conditions or impairments, cerebrovascular disease ranked second behind paralysis in its association with chronic activity limitation: 72 percent of persons with cerebrovascular disease and no other circulatory condition reported a chronic activity limitation. Displaced disc ranked third, and emphysema ranked fourth.

- Among single conditions affecting millions of persons each, diabetes was the most closely associated with chronic activity limitation: 50 percent of the persons reporting diabetes and no other condition in that class had a chronic activity limitation.

Explanatory Notes

Table I.B.2 presents a percentage distribution of persons by level of chronic activity limitation within each of several categories of single or multiple impairment or other chronic health condition. The estimates were derived from the 1979 National Health Interview Survey (NHIS), conducted by the National Center for Health Statistics. For a description of the 1979 survey and a definition of chronic activity limitation, see the notes accompanying table I.B.1. The estimates presented in this table were prepared by Mathematica Policy Research from a public use microdata tape.

The manner in which reports of impairments and chronic conditions are obtained in the NHIS does not permit estimation of the prevalence of multiple conditions across the six chronic condition systems. There is evidence that multiple conditions of this kind occur with considerable frequency. For a more extended discussion of this point and the limitations of the NHIS in this regard, see the notes to table I.A.2. The categories of conditions presented here are the same as those reported in I.A.2.

The restriction on the observation of multiple conditions in the NHIS has important implications for the interpretation of the estimates presented in this table. Most importantly, the observed relationship between a given condition or set of conditions and the distribution of persons by level of activity limitation may be affected by other unobserved conditions. Persons classified as having one impairment, for example, may have one or more other types of conditions, and these may contribute to the reported activity limitation. This is a particular problem for conditions associated with old age, as multiple conditions occur much more frequently among the elderly than among younger persons (see table I.A.2). In this table if the implicit numbers of activity limited persons are summed across the six systems, the result is more than three times the estimated number of activity limited persons in the population, as reported in table I.B.1. In other words, activity limited persons have an average of more than three different kinds of chronic conditions each.

Another caution to be noted is that the residual categories (for example, "Other digestive") tend to be underestimated relative to the specifically identified conditions. This is a consequence of the methodology used in the NHIS to obtain reports of chronic conditions. As a result, the unduplicated total reported under each chronic conditon system tends to understate the actual prevalence of that type of condition. Moreover, the collection of reports for some of the residual conditions may favor conditions associated with chronic activity limitation. This could explain why some of the residual categories are more strongly associated with activity limitation than are other categories (see "Other impairments," for example). For this reason, less weight should be given to the residual categories than to the specific single and multiple conditions.

Table I.B.5 provides estimates of the proportion of activity limited persons reporting individual chronic conditions as the main cause of their limitation. Several other tables present previously published data from the 1979 NHIS. For a listing see I.B.1. Tables I.C.1, II.A.1, II.A.2, II.C.1 and II.C.2 present original tabulations from the combined 1979 and 1980 surveys.

TABLE I.B.2

CHRONIC ACTIVITY LIMITATION STATUS AMONG PERSONS REPORTING SELECTED SINGLE OR MULTIPLE IMPAIRMENTS OR CHRONIC CONDITIONS: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979

Impairment or chronic condition	Thousands of persons reporting condition	Total Percent	Percent with no limitation of activity	Percent with with limitation of activity			
				Total	Limited but not in major activity	Limited in amount or kind of major activity	Unable to carry on major activity
Impairments							
Unduplicated total	43,783	100.0	51.7	48.3	11.8	23.2	13.2
One impairment only	33,868	100.0	59.4	40.6	10.6	20.6	9.4
Visual	4,359	100.0	73.3	26.7	6.4	11.7	8.7
Hearing	10,405	100.0	73.4	26.6	6.8	13.9	6.0
Speech	1,170	100.0	86.1	13.9*	3.7*	9.3*	0.9*
Deformity or orthopedic	12,745	100.0	59.1	40.9	12.7	21.8	6.4
Absence of extremities or parts	1,000	100.0	69.6	30.4	2.1*	21.4	6.9*
Paralysis, complete or partial	477	100.0	12.4*	87.6	25.8*	36.4*	25.4*
Other impairment	3,712	100.0	0.0*	100.0	24.1	46.4	29.5
Two or more impairments	9,915	100.0	25.4	74.6	15.9	32.5	26.2
Hearing and orthopedic only	2,340	100.0	45.8	54.2	14.9	23.3	16.0
Hearing and visual only	1,252	100.0	46.3	53.7	10.7*	16.3*	26.8
Visual and orthopedic only	998	100.0	34.3	65.7	16.6	27.5	21.6
Visual, hearing and orthopedic, with or w/out any other	503	100.0	15.5*	84.5	8.5*	46.1	29.9*
Other visual or hearing	1,028	100.0	8.8*	91.2	15.4*	32.9	42.9
Any other combination	3,794	100.0	9.5	90.5	19.1	42.8	28.6
Digestive conditions							
Unduplicated total	24,196	100.0	48.6	51.4	10.6	26.7	14.1
One condition only	18,994	100.0	53.5	46.5	10.7	23.6	12.2
Ulcer	2,579	100.0	68.6	31.4	5.8*	13.9	11.7
Hernia	2,539	100.0	61.7	38.3	6.0*	22.6	9.8
Other digestive	13,875	100.0	49.2	50.8	12.5	25.6	12.8
Two or more conditions	5,202	100.0	30.7	69.3	10.3	38.2	20.8
Ulcer and hernia, with or w/out any other	287	100.0	17.9*	82.1	9.2*	51.6*	21.3*
Other ulcer combination	933	100.0	43.3	56.7	7.3*	26.0	23.4
Other hernia combination	1,255	100.0	26.4	73.6	9.2*	40.6	23.8
Any other combination	2,727	100.0	29.6	70.4	12.0	39.9	18.5

TABLE I.B.2 Continued

CHRONIC ACTIVITY LIMITATION STATUS AMONG PERSONS REPORTING SELECTED SINGLE OR MULTIPLE IMPAIRMENTS OR CHRONIC CONDITIONS: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979

Impairment or chronic condition	Thousands of persons reporting condition	Total Percent	Percent with no limitation of activity	Percent with with limitation of activity			
				Total	Limited but not in major activity	Limited in amount or kind of major activity	Unable to carry on major activity
Circulatory conditions							
Unduplicated total	46,798	100.0	55.6	44.4	8.5	23.2	12.7
One condition only	32,642	100.0	65.5	34.5	7.9	18.1	8.5
Heart	6,974	100.0	59.8	40.2	8.1	20.8	11.3
Hypertension	13,605	100.0	73.8	26.2	5.6	14.4	6.2
Arteriosclerosis	646	100.0	51.2	48.8	2.0*	17.4*	29.4*
Cerebrovascular	331	100.0	27.8*	72.2	12.9*	16.6*	42.7*
Other circulatory	11,086	100.0	60.8	39.2	10.9	20.9	7.4
Two or more conditions	14,156	100.0	32.8	67.2	9.9	35.0	22.3
Heart and hypertension only	2,661	100.0	36.7	63.3	12.1	27.2	24.0
Heart, hypertension and arteriosclerosis, with or w/out any other	1,075	100.0	17.5	82.5	8.1*	39.0	35.4
Other combination with heart and hypertension	1,439	100.0	23.3	76.7	10.6*	45.6	20.5
Other combination with heart and arteriosclerosis	792	100.0	16.1	83.9	5.5*	38.8	39.6
Other combination with hypertension and arteriosclerosis	1,002	100.0	38.6	61.4	5.9	29.5	26.0
Other heart combination	1,643	100.0	29.3	70.7	8.1*	41.5	21.2
Other hypertension combination	3,951	100.0	37.2	62.8	11.0	33.8	18.0
Any other combination	1,594	100.0	42.3	57.7	10.9*	33.8	13.1*
Respiratory conditions							
Unduplicated total	56,611	100.0	71.4	28.6	7.6	14.1	6.9
One condition only	43,598	100.0	75.6	24.4	6.8	11.9	5.7
Asthma	3,729	100.0	72.0	28.0	10.4	13.4	4.2*
Chronic bronchitis	3,152	100.0	82.7	17.3	4.8*	8.2	4.3*
Emphysema	878	100.0	41.9	58.1	5.6*	30.5	22.0*
Other respiratory	35,839	100.0	76.2	23.8	6.6	11.6	5.6
Two or more conditions	13,013	100.0	57.4	42.6	10.1	21.5	11.0
Asthma and bronchitis, with or w/out any other	1,289	100.0	52.8	47.2	10.3*	26.0	10.9*
Other asthma combination	1,370	100.0	45.8	54.2	13.3*	25.0	15.9
Other bronchitis combination	3,021	100.0	57.8	42.2	7.5	19.9	14.8
Any other combination	7,333	100.0	60.2	39.8	10.5	20.7	8.6

TABLE I.B.2 Continued

CHRONIC ACTIVITY LIMITATION STATUS AMONG PERSONS REPORTING SELECTED SINGLE OR MULTIPLE IMPAIRMENTS OR CHRONIC CONDITIONS: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979

Impairment or chronic condition	Thousands of persons reporting condition	Total Percent	Percent with no limitation of activity	Percent with with limitation of activity			
				Total	Limited but not in major activity	Limited in amount or kind of major activity	Unable to carry on major activity
Skin and musculoskeletal conditions							
Unduplicated total	54,951	100.0	64.4	35.6	8.7	17.9	9.0
One condition only	40,330	100.0	70.8	29.2	7.4	14.2	7.6
Arthritis	15,557	100.0	63.0	37.0	8.4	18.2	10.4
Displaced disc	1,074	100.0	35.1	64.9	9.8*	36.1	19.0*
Other skin or musculoskeletal	23,700	100.0	77.5	22.5	6.7	10.6	5.2
Two or more conditions	14,621	100.0	46.8	53.2	12.1	28.0	13.0
Arthritis and displaced disc, with or w/out any other	960	100.0	34.0	66.0	13.5*	36.1	16.4*
Other arthritis combination	9,018	100.0	42.4	57.6	11.2	31.5	14.9
Other displaced disc combination	510	100.0	50.9	49.1	10.9*	24.0*	14.2*
Any other combination	4,133	100.0	59.0	41.0	13.9	19.0	8.1
Selected other conditions							
Unduplicated total	27,756	100.0	52.3	47.7	10.2	24.9	12.6
One condition only	22,742	100.0	56.9	43.1	9.6	22.0	11.6
Diabetes	3,876	100.0	50.0	50.0	8.4	23.4	18.1
Diseases of urinary system	3,474	100.0	66.1	33.9	7.2	17.8	8.9
Diseases of prostate	780	100.0	61.9	38.1	4.7*	14.6*	18.7*
Other condition	14,612	100.0	56.2	43.8	10.7	23.0	10.1
Two or more conditions	5,014	100.0	31.6	68.4	13.0	38.1	17.2
Diabetes and urinary system, with or w/out any other	429	100.0	14.0*	86.0	10.6*	52.7	22.7*
Other diabetes combination	887	100.0	19.9*	80.1	13.8*	43.7	22.6*
Other urinary system combination	1,394	100.0	41.5	58.5	6.4*	33.6	18.5
Any other combination	2,303	100.0	33.4	66.6	17.2	36.0	13.4

NOTE: Categories of conditions include only those conditions occurring within a given chronic condition system. Persons in a given category may have other chronic conditions from other systems. Furthermore, the total persons reporting one or more chronic conditions *cannot* be estimated by summing over the six chronic condition systems.

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

SOURCE: National Center for Health Statistics, 1979 National Health Interview Survey; original tabulation prepared from public use tape by Mathematica Policy Research.

TABLE I.B.3

Highlights

- The proportion of persons of all ages reporting limitation of activity due to chronic conditions increased from 11.4 percent in 1966 to 14.3 percent in 1975. Increased limitations were reported both in major activity and in outside activities. Change was negligible between 1975 and 1981, however.

- Individual age groups exhibited somewhat different trends. Children under 17 and adults 45-64 years of age reported limitations with increasing frequency between 1966 and 1975. Persons 17-44 showed more modest increases, while persons 65 and older displayed no clear trend over the full period.

- Among persons 45-64, the percentage reporting limitation in their major activity increased, but the percentage of persons reporting that they were limited but not in their major activity did not show any long-term trend.

- The population segments with the greatest overall growth during this period (17-44 and 65 and older) showed the smallest increases in reported activity limitation. The 45-64 group showed very little net increase in size, and the under 17 group showed a net decrease. To the extent that changes in the age composition of the population may have affected the overall prevalence of activity limitations, therefore, such changes tended to weaken rather than reinforce the increased reporting of limitations.

Explanatory Notes

Table I.B.3 presents estimates of self-reported chronic activity limitation status drawn from the annual National Health Interview Survey between 1966 and 1981. For a brief description of chronic activity limitation status as defined in the National Health Interview Survey, see the notes to table I.B.1.

Because activity limitation status is based on self-report, changes in the estimated prevalence of limitations over time could be in part the result of changes in the way people perceive what is normal activity for them or even their willingness to acknowledge limitations, rather than changes in the actual physical condition of the population. Without additional evidence the full implications of the trends recorded in this table are uncertain.

The large increase in total population between 1978 and 1981 includes a substantial upward adjustment in the estimated size of the population between 1980 and 1981, based on the results of the 1980 Census. Age-specific estimates of percentages of persons with chronic activity limitations are not affected.

Table I.B.1 provides statistics on the prevalence of self-reported chronic activity limitation by age and sex in 1979. In that table, persons limited in their major activity are divided into those unable to perform that activity and those limited in the amount or kind of major activity. Tables I.B.2 and I.B.5 present statistics on the relationship between self-reported chronic activity limitation and specific physical impairments and chronic conditions.

The modest growth in self-reported activity limitation stands in sharp contrast to the substantial growth in the number of persons receiving Federal and State disability benefits over much of the same period. Table III.B.1 presents statistics over time on the number of disabled workers receiving Social Security Disability Insurance, and table III.B.2 presents time trend data on blind and disabled persons receiving benefits under the Supplemental Security Income program and its forerunners.

TABLE I.B.3

ANNUAL PERCENTAGES OF PERSONS REPORTING ACTIVITY LIMITATIONS, BY AGE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1966-1981

Year and age	All persons		With no limitation of activity	With limitation of activity		
	Number in Thousands	Percent		Total	Limited, but not in major activity[1]	Limited in major activity[1]
All ages						
1966[2]	191,537	100.0	88.5	11.4	2.9	8.5
1969	197,422	100.0	88.4	11.6	2.5	9.1
1972	204,148	100.0	87.3	12.7	3.1	9.6
1975	209,065	100.0	85.7	14.3	3.5	10.8
1978	213,828	100.0	85.8	14.2	3.6	10.6
1981	225,048	100.0	85.6	14.4	3.5	10.9
Under 17 years						
1966[2]	66,921	100.0	98.1	1.9	1.0	0.9
1969	66,866	100.0	97.4	2.6	1.4	1.2
1972	64,865	100.0	97.0	3.0	1.4	1.6
1975	61,945	100.0	96.3	3.7	1.8	1.9
1978	59,012	100.0	96.1	3.9	1.9	2.0
1981	58,883	100.0	96.2	3.8	1.8	2.0
17-44 years						
1966[2]	67,901	100.0	92.6	7.4	2.7	4.7
1969	71,156	100.0	92.5	7.5	2.3	5.2
1972	77,131	100.0	91.7	8.3	3.1	5.2
1975	82,738	100.0	91.0	9.0	3.3	5.7
1978	88,627	100.0	91.5	8.5	3.3	5.2
1981	97,137	100.0	91.6	8.4	3.0	5.4
45-64 years						
1966[2]	38,993	100.0	80.7	19.3	5.1	14.2
1969	40,742	100.0	80.8	19.2	3.3	15.9
1972	42,229	100.0	78.9	21.2	4.6	16.6
1975	43,094	100.0	76.3	23.7	5.0	18.7
1978	43,403	100.0	76.4	23.6	5.0	18.6
1981	44,179	100.0	76.1	23.9	4.8	19.1
65 years and over						
1966[2]	17,723	100.0	54.0	46.0	6.5	39.5
1969	18,658	100.0	57.6	42.4	4.9	37.5
1972	19,924	100.0	56.8	43.2	5.3	37.9
1975	21,287	100.0	53.3	46.7	6.2	40.5
1978	22,788	100.0	55.0	45.0	6.7	38.3
1981	24,849	100.0	54.3	45.7	6.5	39.2

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

[2] July 1965 through June 1967, a two-year average centered around 1966.

SOURCE: National Center for Health Statistics, National Health Interview Survey; data reported in *Vital and Health Statistics*, Series 10, Nos. 61, 63, 96, 115, 130 and 141.

TABLE I.B.4

Highlights

- Seventeen percent of the civilian noninstitutionalized population aged 18-64 in the summer of 1978 were classified as having work disabilities, based on self reports. Work disabilities differ from activity limitations (table I.B.1) in their focus on income-producing work (see below).

- Half of these disabled persons, or 8.6 percent of the total, were severely limited. An additional 3.8 percent were limited in their ability to perform their occupation, and 4.8 percent had secondary limitations (see definitions below).

- The percentage with work disabilities increased with age, from 8.5 percent among persons 18-34 to 37 percent among persons 55-64.

- The likelihood that a reported limitation was severe also increased with age. Two-thirds of the persons 55-64 reporting work disabilities had severe limitations.

- Work disabilities were more frequent among nonwhites than whites: 21.5 percent of nonwhites reported disabilities, compared to 16.6 percent of whites.

- Disabilities increased more sharply with age among nonwhites than whites. Among persons 55-64, the proportion of nonwhites reporting work disabilities was 53 percent, compared to 35 percent for whites.

- Women were somewhat more likely than men to report work disabilities, and this was true in every age group. By level of disability, women were more likely than men to report secondary limitations and more likely to report severe limitations but less likely than men to report occupational limitations. These patterns differ from those oberved for activity limitations in table I.B.1.

Explanatory Notes

Table I.B.4 presents data from the 1978 Survey of Disability and Work, conducted by the Social Security Administration. The data are based on personal interviews collected from a national sample of approximately 9,900 persons, who were representative of the civilian noninstitutionalized population aged 18-64. The original sample of 12,000 persons was drawn from three sources: the 1976 cohort of the Health Interview Survey (6,900 persons), Social Security Disability Insurance (DI) beneficiaries who began collecting benefits within the five years prior to the survey (4,600 persons), and DI applicants who were denied benefits in 1977 (500 persons). The interviews were conducted in July, August and September.

Work disabilities refer primarily to limitations affecting the performance of income-producing work and in this respect differ from "activity limitations," reported in table I.B.1 and elsewhere. Persons with severe limitations are "unable to work altogether or unable to work regularly." Persons with occupational limitations are "able to work regularly but not at the same work as before the onset of disability" or not at full time. Persons with secondary work limitations are "able to work full time, regularly, and at the same kind of work but with limitation in the kind or amount of work they can perform; persons with reported limitations in keeping house but not in income-producing work are included in this group." Persons without disabilities have none of the preceding limitations. Levels of work disability were assigned on the basis of responses to several quesionnaire items, except that members of the DI sample were automatically classified as severely limited unless they indicated themselves to be occupationally limited (the preceding definitions were excerpted from appendix II of the source publication).

The difference between work disabilities and activity limitations is especially pronounced among women. Women excluded from labor force activity because of a health condition are classified here as severely limited; in the National Health Interview Survey such women could have been rated with respect to their performance of housework and classified as partially limited or not limited at all.

For reasons not explained, population totals from the Survey of Disability and Work diverge from Census Bureau estimates for the same universe. Readers are advised to give greater weight to reported *percentages* than to reported *numbers* of persons in this and other tables from the Disability Survey. See appendix 2 for a more extensive discussion of this problem and the differences between the concept of work disability and the National Health Interview Survey concept of activity limitation.

For other tables based on the 1978 Survey of Disability and Work see II.B.1 through II.B.5.

TABLE I.B.4

LEVELS OF WORK DISABILITY AMONG PERSONS 18-64, BY AGE, SEX AND RACE: CIVILIAN NONINSTITUTIONALIZED POPULATION, SUMMER 1978

Age, race and sex	Total persons		Persons without disabilities	Disabled persons	Disabled persons by level of disability		
	Number (thousands)	Percent			Secondary limitation	Occupational limitation	Severe limitation
Total persons	127,048	100.0	82.8	17.2	4.8	3.8	8.6
18-34	58,203	100.0	91.6	8.5	3.6	2.2	2.7
35-44	24,887	100.0	85.1	15.0	4.7	3.8	6.5
45-54	23,665	100.0	75.8	24.2	6.9	6.0	11.3
55-64	20,293	100.0	63.0	37.0	6.3	5.8	24.9
Total by race							
White	111,180	100.0	83.4	16.6	4.8	3.7	8.0
18-34	50,280	100.0	91.9	8.1	3.5	2.1	2.5
35-44	21,694	100.0	85.4	14.6	4.9	3.8	6.0
45-54	20,761	100.0	77.4	22.6	6.5	5.6	10.5
55-64	18,445	100.0	64.7	35.4	6.6	6.1	22.7
Nonwhite	15,868	100.0	78.5	21.5	4.7	4.5	12.3
18-34	7,923	100.0	89.2	10.8	3.8	3.3	3.7
35-44	3,193	100.0	83.0	17.0	3.3*	4.1*	9.6
45-54	2,904	100.0	64.7	35.3	9.4	8.9	17.0
55-64	1,849	100.0	46.7	53.3	3.3*	3.3*	46.7
Total by sex							
Men	63,056	100.0	84.0	16.1	4.3	4.3	7.4
18-34	28,703	100.0	91.7	8.3	3.4	2.5	2.4
35-44	12,210	100.0	87.5	12.6	3.1	3.9	5.6
45-54	11,799	100.0	78.3	21.7	5.3	7.4	9.0
55-64	10,344	100.0	64.6	35.4	7.2	6.4	21.8
Women	63,993	100.0	81.6	18.4	5.3	3.4	9.7
18-34	29,501	100.0	91.4	8.6	3.7	2.0	2.9
35-44	12,677	100.0	82.8	17.3	6.1	3.8	7.3
45-54	11,865	100.0	73.3	26.7	8.4	4.7	13.5
55-64	9,950	100.0	61.4	38.6	5.4	5.2	28.1

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

SOURCE: Social Security Administration, *1978 Survey of Disability and Work, Data Book*, tables 1 and 2.

TABLE I.B.5

Highlights

- Deformities or orthopedic impairments were the most commonly cited principal cause of chronic activity limitation among men in 1979, accounting for 16.1 percent of self-reported limitations. Deformities and orthopedic impairments were cited second most often by women, accounting for 14.4 percent of their reported limitations.

- Arthritis and rheumatism were the most common main cause of limitation among women, accounting for 15.8 percent of self-reported limitations. Arthritis and rheumatism were the third most common cause of limitations among men: 8.2 percent of men cited arthritis or rheumatism as the main cause of their limitation.

- Heart disease was cited second by men and third by women as the main cause of activity limitation. Heart disease accounted for 14.1 percent of the limitations reported by men and 10.7 percent of the limitations among women.

- Hypertensive disease accounted for 5.1 percent of the limitations among women and 3.1 percent of the limitations among men. Asthma accounted for 3.8 percent of the limitations among men and 3.3 percent of the limitations among women. Other conditions accounting individually for close to 3.0 percent of the limitations among men or women were diabetes, emphysema, visual impairments and neoplasms.

- Altogether, 15 conditions accounted for all but one third of the activity limitations reported by men and women. Deformities or orthopedic impairments, heart disease, and arthritis or rheumatism were cited by 38 percent of the men and 41 percent of the women with chronic activity limitations.

- The importance of individual conditions as major causes of chronic limitation varied with the severity of the limitation. Heart disease was the most common cause of limitation among men unable to carry on their major activity, being cited by 19.7 percent compared to 9.7 percent for both orthopedic impairments and arthritis or rheumatism. For men limited in an outside activity, heart disease accounted for 8.2 percent of the limitations while deformities or orthopedic impairments accounted for 24 percent. A similar but less pronounced reversal in the relative significance of heart disease and orthopedic impairments was evident among women.

- Other conditions cited more often as a cause of limitation in major activity than in outside activity included neoplasms, emphysema, paralysis, specified mental disorder, nervousness or depression, and cerebrovascular disease.

Explanatory Notes

Table I.B.5 presents a percentage breakdown of persons with chronic activity limitation by the condition cited as the main cause of limitation. The estimates were obtained from the 1979 National Health Interview Survey, conducted by the National Center for Health Statistics. For a description of the 1979 survey and a definition of chronic activity limitation, see the notes accompanying table I.B.1. The statistics presented in this table were computed by Mathematica Policy Research from a public use microdata tape.

Two of the categories of chronic conditions and impairments reported in this table differ slightly from similarly or identically named categories in tables I.A.2 and I.B.2, which are also based on original tabulations from the 1979 National Health Interview Survey. The category "Paralysis, complete or partial," here includes sites in addition to the extremities. "Arthritis" here includes rheumatism, non-articular and unspecified. The impact of the expanded definitions on the frequency estimates is negligible.

TABLE I.B.5

PERSONS WITH CHRONIC ACTIVITY LIMITATION BY CHRONIC CONDITION REPORTED AS MAIN CAUSE OF LIMITATION: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979

Impairment or chronic condition	Men				Women			
	Total	Limited, but not in major activity	Limited in amount or kind of major activity	Unable to carry on major activity	Total	Limited, but not in major activity	Limited in amount or kind of major activity	Unable to carry on major activity
Total (thousands of persons)	15,337	3,775	5,773	5,789	16,159	4,244	9,830	2,086
Total percent	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Deformities or orthopedic impairments	16.14	23.98	17.50	9.67	14.42	15.99	14.85	9.20
Back or spine	7.29	8.28	9.56	4.37	8.16	7.48	9.27	4.27
Other location	8.85	15.70	7.94	5.30	6.26	8.51	5.58	4.93
Heart disease	14.11	8.15	12.42	19.69	10.66	6.83	12.21	11.13
Arthritis/rheumatism	8.18	6.17	7.96	9.70	15.80	14.19	16.99	13.48
Hypertensive disease	3.09	2.75	3.34	3.05	5.13	5.27	5.43	3.47
Asthma	3.82	6.19	5.21	0.88	3.27	5.12	2.93	1.10*
Diabetes	2.40	2.64	2.20	2.44	2.96	3.20	2.86	2.98
Visual impairments	2.75	3.98	1.93	2.78	2.00	2.57	1.37	3.82
Neoplasms	2.00	1.00	1.80	2.85	2.63	2.08	2.40	4.82
Emphysema	2.97	1.02	2.31	4.90	1.04	0.70*	1.10	1.44*
Paralysis, complete or partial	2.32	1.63	2.12	2.96	1.62	1.39	1.13	4.43
Specified mental disorder	2.15	1.31	1.50	3.36	1.60	1.20	1.40	3.32
Hearing impairments	1.93	4.40	1.77	0.47*	1.45	3.54	0.78	0.41*
Nervousness/depression	1.23	0.47*	0.90	2.05	1.76	1.61	1.84	1.72
Cerebrovascular disease	1.55	0.44*	0.74	3.08	1.26	0.69*	0.73	4.89
Hernia	1.14	1.15	1.59	0.67	0.92	0.74*	1.05	0.66*
All other conditions	34.23	34.71	36.69	31.46	33.48	34.87	32.95	33.14
Impairments	5.31	5.06	6.96	3.82	3.07	2.38	3.01	4.79
Musculoskeletal conditions	5.92	6.32	6.90	4.68	5.52	4.34	6.26	4.40
Circulatory conditions	2.99	1.96	2.18	4.48	3.16	2.52	3.18	4.33
Respiratory conditions	3.38	3.83	3.36	3.09	2.67	3.92	2.46	1.14
Digestive conditions	1.84	1.52	1.91	1.97	2.07	1.61	2.34	1.69
Other conditions	14.80	16.02	15.38	13.42	16.99	20.10	15.70	16.79

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

SOURCE: National Center for Health Statistics, 1979 National Health Interview Survey; original tabulation prepared from public use tape by Mathematica Policy Research.

C. SEVERITY OF LIMITATIONS

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TABLE I.C.1

Highlights

- An estimated 2.6 million noninstitutionalized persons with chronic health problems received or needed the help of another person in performing one or more basic physical activities in 1979-1980. Of these persons, 752,000 required assistance in four or more of seven activities, and another 865,000 required assistance in two or three activities.

- Assistance was needed most often for going outside: 1.7 million persons required assistance for this purpose. Next in frequency, 1.4 million persons required assistance in bathing, and 1.3 million received or needed assistance in walking. At the low end, 319,000 required assistance in eating.

- Between one half and two-thirds of those requiring assistance in each type of activity were 65 years of age or older.

- Rates of dependence increased sharply in middle age and later. The need for assistance in one or more basic physical activities was 2.3 per thousand among persons under 17 years and 3.1 per thousand among those 17-44 years of age. The rate rose to 14.1 per thousand in the 45-64 age group and 66.0 per thousand (or 6.6 percent) among those 65 and older.

- An estimated 4.0 million individuals received or needed personal assistance in one or more home management activities. Of these, 893,000 required assistance in all four activities, and 1.7 million received assistance in two or three activities.

- Assistance was needed most frequently in shopping for personal items: 3.1 million persons required assistance of this kind. A comparable number, 2.9 milion, needed assistance in doing routine household chores while 1.9 million needed help in preparing their own meals, and 1.4 million needed help in handling their own money.

Explanatory Notes

Table I.C.1 presents estimates of persons receiving or needing the assistance of another person in performing seven basic physical activities and four home management activities. The estimates were derived from data collected in the Home Care Supplement, included as part of the National Health Interview Survey in 1979 and 1980. For a description of the combined sample for the 1979 and 1980 surveys, see the notes accompanying table I.A.1. The estimates presented in this table were produced by Mathematica Policy Research from public use microdata tapes.

Persons using special aids for mobility but not requiring the assistance of another person are excluded from the counts of persons needing assistance in basic physical activities. If such persons were included, the overall estimate of persons requiring assistance in walking would be nearly doubled. Estimates of persons requiring assistance in other activities would be affected much less substantially, however. Estimates of persons using special mobility aids in 1977 are presented in table I.C.2.

An important exclusion from this table is the population of institutions, many residents of which require assistance in the basic physical activities reported here. Table I.C.6 presents estimates of nursing home residents in 1977 with dependencies in basic activities of daily living. Table I.C.7 presents data on limitations among mentally retarded residents of State and community residential facilities in 1977.

For other tables based on previously unpublished 1979 and 1980 data from the National Health Interview Survey see II.A.1, II.A.2, II.C.1 and II.C.2. Several tables present previously published or unpublished data from the 1979 survey. For listings of such tables see I.B.1 and I.B.2.

TABLE I.C.1

PERSONS NEEDING HELP IN BASIC PHYSICAL ACTIVITIES AND HOME MANAGEMENT ACTIVITIES BECAUSE OF A CHRONIC HEALTH PROBLEM: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979-1980

Activity	Thousands of persons by age					Rate per 1,000 persons by age				
	Total	Under 17 years	17-44 years	45-64 years	65 years and over	Total	Under 17 years	17-44 years	45-64 years	65 years and over
Basic physical activities[1]										
Walking	1,293	63	145	296	789	6.0	1.1	1.6	6.8	33.4
Going outside	1,671	71	137	341	1,123	7.7	1.2	1.5	7.8	47.5
Bathing	1,355	88	148	286	833	6.2	1.5	1.6	6.6	35.3
Dressing	1,092	92	153	268	580	5.0	1.6	1.7	6.2	24.6
Using the toilet	686	61	90	137	398	3.2	1.1	1.0	3.1	16.9
Getting in or out of bed or chair	723	45	106	189	383	3.3	0.8	1.2	4.3	16.2
Eating	319	37	52	64	166	1.5	0.6	0.6	1.5	7.0
One or more	2,590	134	281	614	1,558	11.9	2.3	3.1	14.1	66.0
One only	973	32	98	242	601	4.5	0.6	1.1	5.6	25.4
Two or three	865	46	103	217	499	4.0	0.8	1.1	5.0	21.1
Four or more	752	56	81	155	458	3.4	0.9	0.9	3.6	19.4
Home management activities										
Shopping	3,056	68	361	679	1,948	14.1	1.2	3.9	15.6	82.5
Doing chores	2,912	51	340	800	1,722	13.4	0.9	3.7	18.4	72.9
Preparing own meals	1,897	54	256	433	1,153	8.7	0.9	2.8	10.0	48.8
Handling money	1,398	61	275	255	809	6.4	1.1	3.0	5.9	34.3
One or more	3,983	83	551	1,010	2,339	18.4	1.4	6.0	23.2	99.0
One only	1,354	16*	208	395	735	6.2	0.3*	2.3	9.1	31.1
Two or three	1,736	36	227	457	1,016	8.0	0.6	2.5	10.5	43.0
All four	893	31	116	158	588	4.1	0.5	1.3	3.6	24.9

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

[1] Needs or receives the help of another person or does not do the indicated activity because of a chronic health problem.

SOURCE: National Center for Health Statistics, 1979 and 1980 National Health Interview Survey; original tabulation prepared from public use tapes by Mathematica Policy Research.

TABLE I.C.2

Highlights

- Nearly 6.5 million noninstitutionalized persons in 1977, or 30 out of every one thousand, were using one or more special aids for getting around. Of these persons, close to 1.2 million required two or more aids.

- Rates of usage varied from a low of 11.2 per thousand in the 15-44 age group to a high of 224 per thousand in the 75 and older age group.

- The most common type of mobility aid was a cane or walking stick, used by 2.7 million persons or 13 per thousand.

- Special shoes were the second most common type of mobility aid. They were used by 1.5 million persons or 7.0 per thousand. Special shoes were the only aid whose usage among children under 15, at 11 per thousand, approached the usage by persons 65 and older. Here the usage by the elderly was only marginally higher than that by children.

- Only one of the ten individual types of aid had its highest usage rate in an age group other than 65 and over. Braces other than leg or foot were used by 11 per thousand persons 45-64 compared to 8.8 per thousand among the elderly. Braces of this variety were the third most common type of special aid, used by one million persons.

- In general, men and women showed very similar frequencies and patterns of usage. The most striking exceptions were artificial limbs, used more frequently by men, and walkers, used more often by women. The former difference presumably reflects the higher accident rate among men while the latter may arise from the relatively higher proportion of women than men at advanced ages.

Explanatory Notes

The data presented in table I.C.2 are based on information collected in a special supplement to the 1977 National Health Interview Survey, conducted by the National Center for Health Statistics. For a brief description of the National Health Interview Survey see the explanatory notes to table I.C.1. The 1977 survey obtained interviews with 41,000 households, yielding a sample of 111,000 persons.

Table I.C.1 presents estimates of persons requiring the assistance of other persons in getting around and in performing other basic activities of daily living, as recorded in the National Health Interview Survey in 1979 and 1980. Table I.C.5 presents estimates of mobility limitations among nursing home residents in 1977, based on the National Nursing Home Survey.

For other tables presenting data from the 1977 National Health Interview Survey see I.A.3, IV.1 and IV.2.

TABLE I.C.2

PERSONS USING SPECIAL AIDS FOR GETTING AROUND, BY AGE AND SEX: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1977

Age and sex	Persons using 1 or more special aids			Persons using individual types of special aids									
						Brace					Artificial limb		
	Total	1 type only	2 or more types	Cane or walking stick	Special shoes	Leg or foot	Other	Walker	Wheel-chair	Crutches	Leg or foot	Arm or hand	Other mobility aid
Thousands of persons using special aids	6,459	5,292	1,167	2,714	1,492	398	1,004	689	645	613	205	66	205
Sex													
Male	3,106	2,519	586	1,239	732	241	539	203	294	348	146	49	124
Female	3,353	2,773	581	1,475	760	157	465	486	351	265	60	16*	81
Age													
Under 15 years	732	651	81	0*	572	76	51	22*	47	50	13*	6*	21*
15-44 years	1,067	906	161	153	265	133	296	26*	116	211	46	11*	36
45-64 years	1,674	1,333	342	550	401	119	460	93	148	202	82	26*	79
65 years and over	2,985	2,401	584	2,011	253	70	196	549	334	151	64	22*	68
65-74 years	1,194	913	281	723	162	44	134	168	151	97	40	9*	32*
75 years and over	1,791	1,488	303	1,287	92	27*	62	381	183	54	24*	13*	37
Number using aids per 1,000 population	30.4	24.9	5.5	12.8	7.0	1.9	4.7	3.2	3.0	2.9	1.0	0.3	1.0
Sex													
Male	30.3	24.6	5.7	12.1	7.2	2.4	5.3	2.0	2.9	3.4	1.4	0.5	1.2
Female	30.5	25.3	5.3	13.4	6.9	1.4	4.2	4.4	3.2	2.4	0.5	0.1*	0.7
Age													
Under 15 years	14.2	12.6	1.6	0.0*	11.1	1.5	1.0	0.4*	0.9	1.0	0.3*	0.1*	0.4*
15-44 years	11.2	9.5	1.7	1.6	2.8	1.4	3.1	0.3*	1.2	2.2	0.5	0.1*	0.4
45-64 years	38.6	30.7	7.9	12.7	9.2	2.7	10.6	2.1	3.4	4.7	1.9	0.6*	1.8
65 years and over	134.1	107.8	26.2	90.3	11.4	3.1	8.8	24.7	15.0	6.8	2.9	1.0*	3.1
65-74 years	83.7	64.0	19.7	50.7	11.4	3.1	9.4	11.8	10.6	6.8	2.8	0.6*	2.2*
75 years and over	223.7	185.8	37.8	160.7	11.5	3.4*	7.7	47.6	22.9	6.7	3.0*	1.6*	4.6

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

SOURCE: National Center for Health Statistics, 1977 National Health Interview Survey; data reported in *Vital and Health Statistics*, Series 10, No. 135, tables 1 and 2.

TABLE I.C.3

Highlights

- Persons with self-reported chronic activity limitations experienced an average of 69.1 restricted-activity days per person in 1979, compared to 10.5 among persons with no chronic limitation of activity.

- Persons limited but not in their major activity had 33.9 restricted activity days per person; persons limited in the amount or kind of major activity had 63.8; and persons unable to carry on their major activity had 115.4.

- Among persons with chronic activity limitations, children under 17 experienced fewer days of restricted activity than adults. The differential increased with the severity of the limitation. Among persons unable to perform their major activity, children had 58.3 restricted activity days, compared to 134.1 for persons 17-44, 121.3 for persons 45-64, and 108.0 for persons 65 and older.

- Within the total population, the number of restricted-activity days increased sharply with age, but this pattern was not nearly so pronounced within any given level of limitation. Stated somewhat differently, older persons were much more likely to have an activity limitation than younger persons (see table I.B.1) and as a result had more restricted-activity days; but among adults with the same level of activity limitation, the number of restricted-activity days did not increase significantly (if at all) with age.

- Within all categories, women reported more days of restricted activity than did men. The differences were most pronounced among persons limited in the amount or kind of major activity. Women in this group reported 76.5 restricted-activity days while men reported 42.0.

Explanatory Notes

Table I.C.3 presents data from the 1979 National Health Interview Survey, conducted by the National Center for Health Statistics. The data are based on information collected by personal interview from a nationwide sample of about 42,000 households. These households yielded a probability sample of approximately 111,000 persons, who were representative of the civilian noninstitutionalized population of the United States. Household interviews were distributed over the year, with about 800 conducted each week. Estimates from the survey represent a twelve-month average rather than a specific point in time.

A restricted-activity day is defined as "one on which a person cuts down on his or her usual activities for the whole of that day because of an illness or an injury" (p. 39 of the source publication). Restricted-activity days include but are not limited to days spent in bed (see table I.C.4) and days reported lost from work or school because of illness or injury.

Restricted-activity days per person per year are estimated from reports for the two weeks prior to the interview. If all respondents reported seven days of restricted activity during the two-week period, the estimated number of restricted-activity days per person per year would be 182.5. If half the respondents reported seven days of restricted activity while the other half reported none, the per person per year estimate would be only half as large (i.e., 91.25 days).

A chronic activity limitation refers to a restriction in activity as a result of a condition which was first noticed more than three months before the interview or which is one of several conditions always classified as chronic regardless of the date of onset. Restricted-activity days may result from acute as well as chronic conditions. As the table indicates, persons with no limitation of activity due to chronic conditions experienced an average of 10.5 restricted-activity days in 1979.

For other tables based on the 1979 National Health Interview Survey see I.B.1, I.C.4, and II.D.1 through II.D.4.

TABLE I.C.3

NUMBER OF RESTRICTED-ACTIVITY DAYS PER PERSON PER YEAR, BY CHRONIC ACTIVITY LIMITATION STATUS, SEX, AND AGE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979

Sex and age	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Both sexes						
All ages	19.0	10.5	69.1	33.9	63.8	115.4
Under 17 years	11.0	9.9	37.5	29.0	43.4	58.3
17-44 years	15.0	10.6	60.1	33.8	61.2	134.1
45-64 years	26.0	10.4	75.3	34.0	69.3	121.3
65 years and over	41.9	12.4	76.4	37.1	64.6	108.0
Male						
All ages	16.9	9.3	60.6	25.8	42.0	101.7
Under 17 years	10.8	9.8	32.0	24.1	38.1	44.5
17-44 years	13.0	9.0	51.6	25.3	44.7	124.7
45-64 years.LF.	24.0	9.0	68.5	27.2	48.8	105.3
65 years and over	38.2	9.8	67.5	26.1	31.9	94.0
Female						
All ages	21.1	11.6	77.1	41.2	76.5	153.2
Under 17 years	11.2	10.0	44.8	35.6	50.7	72.1
17-44 years	16.9	12.1	69.0	43.3	74.2	159.0
45-64 years	27.8	11.6	82.1	39.9	80.7	184.9
65 years and over	44.5	14.0	83.4	42.1	77.4	140.4

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[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

SOURCE: National Center for Health Statistics, 1979 Health Interview Survey; data reported in Vital and Health Statistics, Series 10, No. 137, table 10.

TABLE I.C.4

Highlights

- Persons with self-reported, chronic activity limitations experienced an average of 21.5 bed-disability days in 1979, compared to 4.2 among persons with no limitation of activity.

- The number of bed-disability days increased with the degree of activity limitation. Persons limited but not in their major activity had 7.6 bed-disability days. Persons limited in the amount or kind of major activity had 16.9 bed-disability days. Persons unable to carry on their major activity had 44.6 bed disability days.

- Within categories of activity limitation, the number of bed-disability days was not consistently related to age. The tendency among all persons for bed-disability days to increase with age could be attributed to the rising frequency of activity limitations with increasing age (see table I.B.1).

- Within every category, women reported more bed-disability days than did men.

- Male-female differences were more substantial among the activity limited than among persons without activity limitations. Within each level of activity limitation, women had more than twice as many bed-disability days as men.

- The greatest frequency of bed-disability days was reported by women unable to carry on their major activity and aged 17 and older: roughly 75 days. Differences among the three age groups were not statistically significant.

Explanatory Notes

Table I.C.4 presents data from the 1979 National Health Interview Survey, conducted by the National Center for Health Statistics. For a brief description of the survey see the explanatory notes to table I.C.3.

A bed-disability day is defined as "one on which a person stays in bed for all or most of the day because of a specific illness or injury" (p. 40 of the source publication). "All or most of the day" is defined as more than half the daylight hours. Days on which a person was hospitalized as an inpatient are considered bed-disability days regardless of whether the person was actually in bed.

As with restricted-activity days (see table I.C.3), bed-disability days per person per year are estimated from reports for the two weeks prior to the interview.

A chronic activity limitation refers to a restriction in activity as a result of a condition which was first noticed more than three months before the interview or which is one of several conditions always classified as chronic regardless of the date of onset. Bed-disability days may result from acute as well as chronic conditions. As the table indicates, persons with no limitation of activity due to chronic conditions experienced an average of 4.2 bed-disability days in 1979.

For other tables based on the 1979 National Health Interview Survey see I.B.1, I.C.3, and II.D.1 through II.D.4.

TABLE I.C.4

NUMBER OF BED-DISABILITY DAYS PER PERSON PER YEAR, BY CHRONIC ACTIVITY LIMITATION STATUS, SEX, AND AGE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979

Sex and age	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Both sexes						
All ages	6.7	4.2	21.5	7.6	16.9	44.6
Under 17 years	4.9	4.6	12.9	7.2	17.1	24.0*
17-44 years	5.4	4.2	18.1	7.5	18.0	50.2
45-64 years	8.3	3.7	22.8	7.8	18.6	43.4
65 years and over	13.7	4.4	24.5	8.0	14.3	44.6
Male						
All ages	5.6	3.5	17.6	4.8	9.5	34.1
Under 17 years	4.5	4.3	9.4	4.7*	14.2	4.5*
17-44 years	4.0	3.1	13.1	4.4	9.5	40.5
45-64 years	7.3	3.1	19.8	5.0	10.2	35.1
65 years and over	12.7	4.3	21.4	5.7*	6.4	32.2
Female						
All ages	7.8	4.9	25.1	10.2	21.2	73.8
Under 17 years	5.3	4.9	17.5	10.6	21.2	44.6*
17-44 years	6.7	5.2	23.3	10.9	24.7	76.0
45-64 years	9.1	4.1	25.9	10.2	23.3	76.5
65 years and over	14.3	4.5	26.8	9.0	17.3	73.3

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

SOURCE: National Center for Health Statistics, 1979 Health Interview Survey; data reported in *Vital and Health Statistics*, Series 10, No. 137, table 11.

TABLE I.C.5

Highlights

- Of the 1.3 million nursing home residents in 1977, 28 percent were known to have some degree of visual impairment, 27 percent had some degree of hearing impairment, and 23 percent had some degree of speech impairment.

- Three percent of the nursing home residents were blind, and another 6.6 percent had severe visual impairments short of blindness. Nearly one percent of the residents were without hearing, and another 4.3 percent had severe hearing impairments. Almost five percent of the residents could not speak, while another 6.4 percent had severely impaired speech.

- Only 34 percent of the nursing home residents could walk independently. Another 29 percent could walk with assistance, but 32 percent were confined to a wheelchair, and five percent were bedfast.

- Men were more likely than women to be able to walk independently: 41 percent of men versus 31 percent of women could do so. The largest difference was in the proportion confined to a wheelchair: 27 percent of men and 34 percent of women residents were limited in this manner.

- Impairments of vision, hearing and mobility all increased significantly with age. In general, however, increases in impairments at the most severe level were not as pronounced as increases at lower levels.

- The proportion of nursing home residents with speech impairments actually declined with the age of the resident.

Explanatory Notes

Table I.C.5 presents data on the functional status of nursing home residents in 1977. The data are based on the 1977 National Nursing Home Survey, conducted by the National Center for Health Statistics. The data in this table are based on interviews with nursing home staff members, who provided information on residents selected from their respective facilities. Residents' medical records were consulted for some of the data. The resident sample consisted of approximately 7,300 persons in 1,451 facilities. The facilities were sampled from an estimated universe of 18,900. Interviews were conducted between May and December, 1977. The estimates of residents and their characteristics reported in the table represent an average over the survey period.

Table I.C.6 provides further information on the condition of nursing home residents. For other tables based on the 1977 National Nursing Home Survey see I.A.6, II.A.3 and II.A.4.

TABLE I.C.5

SELECTED FUNCTIONAL STATUSES OF NURSING HOME RESIDENTS, BY AGE AND SEX: 1977

Selected functional statuses	Total	Sex		Age				
		Male	Female	Under 65 years	Total 65 years and over	65-74 years	75-84 years	85 years and over
Total number	1,303,100	375,300	927,800	177,100	1,126,000	211,400	464,700	449,900
Vision status[1]								
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sight not impaired	67.2	69.7	66.2	81.0	65.0	75.4	67.9	57.2
Sight partially impaired[2]	19.0	17.5	19.6	10.9	20.2	13.4	19.6	24.1
Sight severely impaired	6.6	5.1	7.2	2.2	7.3	3.3	6.1	10.4
Sight completely lost	2.9	3.0	2.9	2.2	3.1	2.6	2.6	3.8
Unknown	4.3	4.8	4.1	3.8	4.4	5.3	3.9	4.5
Hearing status[1]								
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hearing not impaired	69.5	68.9	69.8	87.6	66.7	81.0	71.6	54.9
Hearing partially impaired[2]	21.7	21.5	21.8	6.6	24.1	11.4	21.2	33.1
Hearing severely impaired	4.3	4.5	4.3	0.3*	4.9	1.9	3.0	8.4
Hearing completely lost	0.7	0.8*	0.7	1.1	0.7	0.7*	0.6*	0.7*
Unknown	3.7	4.2	3.5	4.4	3.6	5.0	3.6	3.0
Speech status								
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Speech not impaired	75.5	71.6	77.1	62.4	77.6	70.2	78.1	80.5
Speech partially impaired[2]	12.3	14.0	11.6	15.7	11.7	15.1	11.5	10.4
Speech severely impaired	6.4	7.9	5.8	11.7	5.6	7.3	5.6	4.8
Speech completely lost	4.7	5.2	4.5	8.7	4.1	4.8	4.4	3.4
Unknown	1.1	1.3	1.0	1.6*	1.0	2.5	0.5*	0.9
Mobility								
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Walks independently[3]	33.9	40.7	31.1	53.6	30.8	43.2	33.2	22.5
Walks with assistance	28.8	26.8	29.5	15.7	30.8	21.4	30.5	35.6
Chairfast	32.0	27.3	33.9	25.5	33.0	30.5	31.5	35.9
Bedfast	5.3	5.1	5.4	5.2	5.4	5.0	4.9	6.1

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

[1] Status at best correction, that is, with corrective lenses or hearing aid, if possible.

[2] Includes a small number of residents who were impaired but whose level of impairment is unknown.

[3] Includes a small number of unknowns.

SOURCE: National Center for Health Statistics, 1977 National Nursing Home Survey; data reported in *Vital and Health Statistics*, Series 13, No. 51, table 10.

TABLE I.C.6

Highlights

- Of the 1.3 million nursing home residents in 1977, 90.4 percent were dependent in one or more activities of daily living. Twelve percent were dependent in only one activity. The remainder were dependent in two or more activities. Nearly one quarter were dependent in all six activities.

- Overall, women showed a somewhat greater level of dependency than men—a fact which may reflect the higher average age of female residents. At the extremes, 13.5 percent of men and 7.9 percent of women were independent in all six activities while 19.1 percent of men and 24.9 percent of women were dependent in all six activities.

- Dependency increased with age. Among residents under 65, 23.4 percent were independent in all six activities while 15.7 percent were dependent in all six. Among residents 85 and older, only 4.4 percent were independent in all six activities while 27.9 percent were dependent in all six.

- White and black residents exhibited similar levels of dependency. The very small number of Hispanic residents appeared to have somewhat lower levels of dependency, but the differences were not statistically significant.

Explanatory Notes

Table I.C.6 presents data from the 1977 National Nursing Home Survey, conducted by the National Center for Health Statistics. The data in this table are based on interviews with nursing home staff members, who provided information on residents selected from their respective facilities. Residents' medical records were consulted for some of the data. The resident sample consisted of approximately 7,300 persons in 1,451 facilities. Interviews were conducted between May and December, 1977. The estimates of residents and their characteristics reported in the table represent an average over the survey period.

The categories of dependency reported in the table are based on the index of activities of daily living (ADL), developed by S. Katz. The index summarizes performance in six functions of daily living. The overall level of dependency increases from left to right, except for the rightmost "other" category, which does not fit into the progression described by the seven levels of the index. For an explanation of how dependency was defined for each of the six activities see appendix II of the source publication.

For other tables based on the 1977 National Nursing Home Survey see I.A.6, II.A.3 and II.A.4.

TABLE I.C.6

PERCENTAGE DISTRIBUTION OF NURSING HOME RESIDENTS BY LEVEL OF DEPENDENCY IN ACTIVITIES OF DAILY LIVING, BY SEX, AGE AND RACE/ETHNICITY: 1977

Sex, Age and Race/Ethnicity	Total		Level of dependency in activities of daily living[1]							
	Number	Percent	Independent in bathing, dressing, using toilet room, mobility continence, and eating	Dependent in only one activity	Dependent in bathing and one other activity	Dependent in bathing, dressing, and one other activity	Dependent in bathing, dressing, using toilet room and one other activity	Dependent in bathing, dressing, using toilet room, mobility, and one other activity	Dependent in all six activities	Other[2]
Total residents	1,303,100	100.0	9.6	12.4	12.2	8.5	9.6	15.6	23.3	8.9
Sex										
Male	375,300	100.0	13.5	15.1	13.8	7.3	7.4	14.0	19.1	9.8
Female	927,800	100.0	7.9	11.3	11.6	8.9	10.5	16.3	24.9	8.6
Age										
Under 65 years	177,100	100.0	23.4	15.6	12.9	7.2	6.7	12.8	15.7	5.8
65 years and over	1,126,000	100.0	7.4	11.9	12.1	8.7	10.1	16.1	24.5	9.4
65-74 years	211,400	100.0	14.0	16.5	13.4	6.7	9.9	15.2	17.6	6.7
75-84 years	464,700	100.0	7.2	12.3	11.7	9.6	10.5	15.3	24.3	9.0
85 years and over	449,900	100.0	4.4	9.2	11.9	8.6	9.7	17.3	27.9	11.1
Race or ethnicity										
White (not Hispanic)[3]	1,200,900	100.0	9.5	12.6	12.1	8.5	9.6	15.4	23.3	8.9
Black (not Hispanic)	81,400	100.0	9.3	9.0	12.8	8.7	9.8	19.1	22.9	8.5
Hispanic and other	20,800	100.0	13.3*	11.5*	15.0*	6.2*	6.3*	17.0	20.7	10.0*

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*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

[1] Unknowns were considered independent for the purpose of this measure.

[2] Includes residents who were dependent in at least two activities but who were not classifiable into any of the categories.

[3] Includes a small number of unknowns.

SOURCE: National Center for Health Statistics, 1977 National Nursing Home Survey; data reported in *Vital and Health Statistics*, Series 13, No. 51, table 11.

TABLE I.C.7

Highlights

- Of the estimated 152,000 mentally retarded persons in public residential facilities in 1977, 47 percent were classified as profoundly retarded, and 28 percent as severely retarded. Among the remainder, 16 percent were moderately retarded, seven percent were mildly retarded, and two percent were borderline.

- Functional limitations were prevalent as well: 56 percent could not dress themselves, 26 percent could not walk, and 16 percent could not talk.

- Community facilities had a lower percentage of persons with severe and profound retardation. Only 11 percent were profoundly retarded and 22 percent severely retarded while 36 percent were moderately retarded. Residents of foster homes were not significantly different from residents of community facilities.

- Residents of community facilities had fewer functional limitations than residents of public facilities. Still, 21 percent could not dress themselves, 11 percent could not walk, and 20 percent could not talk.

- The prevalence of functional limitations among residents of foster homes was smaller in every category than among residents of community facilities.

Explanatory Notes

Table I.C.7 presents data from a mail survey of residential facilities and foster homes for the mentally retarded, conducted as part of the Developmental Disabilities Project on Residential Services and Community Adjustment at the University of Minnesota.

As defined in the source publication, public residential facilities are "state-sponsored or state-administered facilities providing comprehensive programming twenty-four hours a day, seven days a week." Community residential facilities are "community-based living quarters" with "responsibility for the room, board, and supervision of mentally retarded people on a twenty-four-hour basis, seven days a week." The foster homes included in the survey were licensed or contracted by the State "to provide mental retardation services." At the time of the survey, only twenty states had established foster homes of this type.

All 263 public residential facilities responded to the mailed questionnaires, as did 4,427 of the 5,039 known community residential facilities and 1,973 of 2,609 licensed foster homes. The total residents reported in the table are the numbers of persons residing in those facilites that responded to the questionnaires.

A cautionary note is in order. With deinstitutionalization occurring throughout the country, both the number and characteristics of mentally retarded persons in institutional settings will have changed since 1977. See table I.A.5 for data on trends in the number of mentally retarded persons in institutions.

For other tables based on these same data see I.A.4 and V.4.

TABLE I.C.7

MENTALLY RETARDED PERSONS IN RESIDENTIAL PROGRAMS, BY DEGREE OF RETARDATION AND FUNCTIONAL LIMITATION: 1977

Characteristics (percent of total)	Public residential facilities	Community residential facilities	Foster homes
Total residents	151,972	62,397	4,999
Degree of retardation			
Borderline	1.7	8.1	8.1
Mild	7.4	22.9	21.0
Moderate	15.6	35.9	37.5
Severe	27.8	22.2	27.1
Profound	47.3	10.8	6.1
Limitations[1]			
Cannot walk	25.6	10.7	4.1
Is not toilet trained	13.6	12.2	4.9
Cannot dress self	55.8	21.1	11.1
Cannot feed self	11.4	11.2	4.6
Does not understand language	6.9	7.4	4.2
Cannot talk	16.3	19.6	13.5

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[1] Percentages do not add to 100. A resident may have multiple limitations or none.

SOURCE: Robert H. Bruininks, Bradley K. Hill, and Mary Jo Thorsheim, "Deinstitutionalization and Foster Care for Mentally Retarded People," in *Health and Social Work*, August 1982, tables 3 and 4.

SECTION II

CHARACTERISTICS OF THE DISABLED POPULATION

A. LIVING ARRANGEMENTS

TABLE II.A.1

Highlights

- Persons with self-reported activity limitations in 1979-1980 were nearly twice as likely as persons without limitations to be living outside a family. Nineteen percent of the 31.5 million persons with self-reported chronic activity limitations were living alone or with non-relatives, compared to 9.7 percent of those without limitations. This difference in living arrangements reflects the greater average age of persons with limitations (see table II.A.2).

- Sixteen percent of all persons with chronic activity limitations lived alone. Nearly two-thirds of these were women.

- Only 12.5 percent of the activity limited population was unmarried and living with one or both parents. This contrasts with 38 percent of the non-limited persons and reflects the low incidence of chronic activity limitations among young persons.

- Among chronically limited persons there were differences in living arangements between the most severely and least severely limited. Persons unable to perform their major activity were more likely to be married or, if unmarried, more likely to be living in a household headed by a relative other than a parent than were persons with limitations outside their major activity.

- Fifty-one percent of the persons unable to perform their major activity were husbands, whereas only about 25 percent of the less limited population and 22 percent of persons without chronic activity limitations were husbands. For the most part this reflects the greater frequency of severe limitations among men than among women.

Explanatory Notes

Table II.A.1 presents estimates of the living arrangements of civilian noninstitutionalized persons by degree of self-reported chronic activity limitation. The estimates were obtained from the National Health Interview Survey, conducted by the National Center for Health Statistics. The data are based on information collected by personal interview from a nationwide sample of about 81,000 households in 1979 and 1980. These households yielded a probability sample of approximately 214,000 persons, who were representative of the civilian noninstitutionalized population of the United States. Household interviews were distributed over the two-year period, with about 800 conducted each week, except that for budgetary reasons four weeks were excluded from the final quarter month average rather than a single point in time.

The statistics presented in this table were computed of 1980. Estimates from the survey represent a 24- by Mathematica Policy Research from public use microdata tapes.

A chronic activity limitation refers to a restriction in activity as a result of a condition which was first noticed more than three months before the interview or which is one of several conditions always classified as chronic regardless of the date of onset. The degree of activity limitation is defined with respect to the major or usual activities of persons in four groups: preschool children, school-age children, housewives, and workers and all other persons. Each person's activity limitation is evaluated with respect to what is usual for his or her group.

Living arrangements and chronic activity limitation status both vary significantly by age. Table II.A.2 presents distributions of persons by living arrangement within four broad age groups and activity limitation status.

For other tables presenting 1979-1980 data from the National Health Interview Survey see I.A.1, I.C.1, II.C.1 and II.C.2. Several additional tables present previously published data from the 1979 survey (see I.B.1).

TABLE II.A.1

LIVING ARRANGEMENTS OF PERSONS BY CHRONIC ACTIVITY LIMITATION STATUS: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979-1980

Living arrangement	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity	Limited in amount or kind of major activity	Unable to carry on major activity
Total number (thousands)	216,822	185,366	31,453	7,829	15,657	7,967
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Family members	89.0	90.3	81.1	82.2	80.4	81.5
Married[1]	46.3	44.7	55.5	51.9	56.0	58.2
Husband	23.2	21.7	31.7	27.7	24.2	50.6
Wife	23.1	23.0	23.8	24.2	31.8	7.6
Unmarried head of family	4.7	4.2	7.5	6.9	8.8	5.6
Male	0.9	0.8	1.6	1.1	1.1	2.9
Female	3.8	3.4	5.9	5.8	7.7	2.7
Unmarried child of head	34.5	38.2	12.5	20.6	11.2	7.0
Living with both parents	26.6	29.8	7.5	14.5	6.7	1.9
Living with one parent	5.8	6.4	2.4	4.1	2.5	0.8
Not ascertained[2]	2.1	2.0	2.6	2.0	2.0	4.3
Unmarried other relative of head	3.5	3.2	5.6	2.8	4.4	10.7
Male	1.5	1.5	1.6	0.7	1.0	3.7
Female	2.0	1.7	4.0	2.1	3.4	7.0
Non-family members	11.0	9.7	18.9	17.8	19.6	18.5
Living alone	8.2	6.8	16.4	14.6	17.6	16.0
Male	3.1	2.7	5.6	4.5	3.7	10.5
Female	5.1	4.1	10.8	10.1	13.9	5.5
Living with non-relatives	2.8	2.9	2.4	3.2	2.0	2.5
Male	1.5	1.6	1.2	1.7	0.8	1.7
Female	1.3	1.3	1.2	1.5	1.2	0.8

[1] Married, spouse present. Married persons with an absent spouse are classified as unmarried.

[2] Age 25 and older or ever married. Presence of parents was not ascertained for persons in either of these categories.

SOURCE: National Center for Health Statistics, 1979 and 1980 National Health Interview Survey; original tabulation prepared from public use tapes by Mathematica Policy Research.

TABLE II.A.2

Highlights

- Among children under 17, those with chronic activity limitations were more likely to be living with only one parent than those without limitations: 23 percent of the former and 16 percent of the latter lived with only one parent.

- Among persons 17-44, differences in living arrangements between those with chronic activity limitations and those without limitations were not striking. Of greatest note, females among the activity limited were less likely to be wives and more likely to be unmarried heads of families than among the nonlimited.

- Differences between the most limited and least limited persons 17-44 primarily reflected the abundance of males in the most limited group. In addition, there was a pronounced tendency for the most limited persons to be unmarried and still living with one or both parents: 36 percent of the persons unable to carry on their major activity were living with a parent, in constrast to 20 percent of those with limitations outside their major activity and 15 percent of those with partial limitations in their major activity.

- In the 45-64 age group, persons with activity limitations were somewhat more likely to be living alone than persons without limitations. This tendency was most pronounced among those unable to perform their major activity, 17 percent of whom lived alone, in contrast to 9.4 percent of those without limitations.

- Due to the abundance of males in the most limited category, 58 percent of the persons aged 45-64 were husbands, compared to 30 percent of those with partial limitations in their major activity and 40 percent with lesser or no limitations.

- Within the 65 and older population, where 10.8 million of the 23.6 million noninstitutionalized persons reported some degree of activity limitation, persons unable to perform their major activity were the *least* likely to be living alone. Only 17.5 percent of this latter group lived alone, compared to more than 30 percent of every other group.

- Persons 65 and older who were unable to perform their usual activity showed the highest likelihood of being unmarried and living in a household headed by a relative: 16.4 percent lived in such an arrangement, compared to between 6.1 and 8.6 percent of the other groups.

Explanatory Notes

Table II.A.2 presents estimates of the distribution of civilian noninstitutionalized persons by living arrangements, within four age groups and four levels of chronic activity limitation status, in 1979 and 1980. The estimates were obtained from the National Health Interview Survey, conducted by the National Center for Health Statistics. For a brief description of the survey see the explanatory notes to the preceding table. The statistics presented here were computed by Mathematica Policy Research from public use microdata tapes.

A description of the living arrangements of the elderly should not overlook the sizable number of elderly persons residing in nursing homes, as this is a major feature of the living arrangements of the chronically impaired elderly. Nursing home residents are excluded form the National Health Interview Survey. Table II.A.3 presents statistics on the previous living arrangements of the 1.3 million nursing home residents in 1977.

Table II.A.1 provides estimates of living arrangements for all ages combined. For other tables presenting 1979-1980 data from the National Health Interview Survey see I.A.1, I.C.1, II.C.1 and II.C.2. Several additional tables present previously published data from the 1979 survey (see I.B.1).

TABLE II.A.2

LIVING ARRANGEMENTS OF PERSONS BY CHRONIC ACTIVITY LIMITATION STATUS, BY AGE AND SEX: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979-1980

Living arrangement, age and sex	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity	Limited in amount or kind of major activity	Unable to carry on major activity
Under 17 years						
Total number (thousands)	58,013	55,756	2,257	1,051	1,114	92
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Unmarried child of head						
Living with both parents	78.3	78.5	72.2	74.3	70.2	72.9
Living with one parent	16.1	15.9	22.6	21.0	24.5	16.3*
Unmarried other relative of head	5.3	5.3	4.3	3.4	4.8	9.8*
Other relationship[1]	0.3	0.3	0.9	1.3*	0.5*	1.0*
17-44 years						
Total number (thousands)	91,697	83,704	7,993	2,935	4,015	1,043
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Married[2]						
Husband	27.6	27.6	28.9	30.7	26.3	34.1
Wife	30.8	31.3	26.1	23.7	33.0	6.3
Unmarried head of family						
Male	1.1	1.0	1.2	0.9	1.2	1.9*
Female	5.0	4.7	8.3	6.9	10.5	3.5
Unmarried child of head						
Male	11.6	11.6	11.7	11.2	8.5	25.4
Female	9.4	9.5	8.1	8.8	6.8	10.9
Unmarried other relative of head						
Male	1.2	1.1	1.5	0.7	1.6	3.2
Female	0.9	0.9	0.9	0.8	0.8	1.3*
Living alone						
Male	4.0	3.9	5.4	5.8	4.7	7.0
Female	2.9	2.9	3.3	3.7	3.2	2.8
Living with non-relatives						
Male	3.1	3.1	2.7	3.8	1.9	2.9
Female	2.4	2.4	1.9	3.0	1.5	0.7*

TABLE II.A.2 Continued

LIVING ARRANGEMENTS OF PERSONS BY CHRONIC ACTIVITY LIMITATION STATUS, BY AGE AND SEX: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979-1980

Living arrangement, age and sex	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity	Limited in amount or kind of major activity	Unable to carry on major activity
45-64 years						
Total number (thousands)	43,495	33,063	10,432	2,304	5,323	2,805
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Married[2]						
Husband	40.3	40.5	39.7	40.3	29.8	57.9
Wife	37.6	39.6	31.9	35.5	42.3	9.3
Unmarried head of family						
Male	1.6	1.5	1.8	1.5	1.3	2.9
Female	5.4	5.1	6.3	6.4	8.3	2.3
Unmarried relative of head						
Male	1.4	1.1	2.2	0.8*	1.1	5.5
Female	1.9	1.7	2.5	2.3	2.3	3.0
Living alone						
Male	4.0	3.4	5.9	3.8	3.3	12.5
Female	6.5	6.0	8.1	8.6	10.0	4.2
Living with non-relatives						
Male	0.6	0.5	0.8	0.3*	0.5	1.8
Female	0.7	0.6	0.8	0.5*	1.1	0.6*

TABLE II.A.2 Continued

LIVING ARRANGEMENTS OF PERSONS BY CHRONIC ACTIVITY LIMITATION STATUS, BY AGE AND SEX: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979-1980

Living arrangement, age and sex	All persons	With no limitation of activity	With limitation of activity: Total	With limitation of activity: Limited, but not in major activity	With limitation of activity: Limited in amount or kind of major activity	With limitation of activity: Unable to carry on major activity
65 years and older						
Total number (thousands)	23,618	12,846	10,772	1,539	5,205	4,028
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Married[2]						
Husband	31.5	30.3	32.8	22.2	21.8	51.0
Wife	22.6	25.5	19.2	24.5	27.1	6.9
Unmarried head of family						
Male	1.6	1.4	1.9	1.5	1.2	3.2
Female	5.0	5.0	5.1	6.5	6.4	2.8
Unmarried relative of head						
Male	1.6	1.1	2.1	0.6*	0.9	4.3
Female	7.0	5.2	9.0	5.5	7.7	12.1
Living alone						
Male	6.0	5.4	6.7	6.1	4.1	10.3
Female	23.2	24.9	21.2	31.5	29.0	7.2
Living with non-relatives						
Male	0.6	0.5	0.7	0.5*	0.3*	1.2
Female	0.9	0.7	1.3	1.1*	1.5	1.0

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

[1] Principally married or living with non-relatives. The survey did not obtain marital status for persons under 17 years of age.

[2] Married, spouse present. Married persons with an absent spouse are classified as unmarried.

SOURCE: National Center for Health Statistics, 1979 and 1980 National Health Interview Survey; original tabulation prepared from public use tapes by Mathematica Policy Research.

TABLE II.A.3

Highlights

- Nearly two-thirds of the 1.3 million nursing home residents in 1977 had been in residence in the same facility for one year or more. One third had been in residence for one to three years; 15 percent had been in residence between three and five years; and 16 percent had been in residence for five years or more.

- Among residents 65 and older, length of stay increased slightly with age. Less than one-third of the residents 85 and older had been admitted within the past year, compared to 43 percent of the residents 65-74.

- Residents under 65 included the highest proportion with a length of stay of three years or more. This may reflect the severity of the health problems that caused such comparatively young persons to be placed in nursing homes.

- Overall, men had a somewhat shorter average stay than women. This was true even for men and women in the same age group.

Explanatory Notes

Table II.A.3 presents data from the 1977 National Nursing Home Survey, conducted by the National Center for Health Statistics. The data in this table are based on interviews with nursing home staff members, who provided information on residents selected from their respective facilities. Residents' medical records were consulted for some of the data. The resident sample consisted of approximately 7,300 persons in 1,451 facilities. Interviews were conducted between May and December, 1977. The estimates of residents and their characteristics reported in the table represent an average over the survey period.

For other tables based on the 1977 National Nursing Home Survey see I.A.6, I.C.6 and II.A.4.

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TABLE II.A.3

PERCENTAGE DISTRIBUTION OF NURSING HOME RESIDENTS BY LENGTH OF STAY SINCE ADMISSION, BY SEX AND AGE: 1977

Sex and age	Total		Length of stay since admission					
	Number	Percent	Less than 3 months	3 to less than 6 months	6 months to less than 1 year	1 to less than 3 years	3 to less than 5 years	5 years or more
Both Sexes								
All ages	1,303,100	100.0	14.5	9.4	12.5	32.8	14.8	16.0
Under 65 years	177,100	100.0	13.7	9.3	11.5	28.5	14.5	22.4
65 years and over	1,126,000	100.0	14.7	9.4	12.7	33.5	14.8	14.9
65-74 years	211,400	100.0	18.1	10.2	14.3	30.3	13.1	14.0
75-84 years	464,700	100.0	16.4	10.0	13.0	33.8	14.2	12.7
85 years and over	449,900	100.0	11.3	8.3	11.5	34.8	16.4	17.7
Male								
All ages	375,300	100.0	17.2	11.1	13.8	30.1	13.6	14.3
Under 65 years	81,300	100.0	14.6	9.2	13.0	28.2	15.9	19.0
65 years and over	294,000	100.0	17.9	11.6	14.0	30.7	12.9	13.0
65-74 years	80,200	100.0	19.7	11.2	15.8	30.2	10.0	13.1
75-84 years	122,100	100.0	18.9	11.5	14.0	30.6	12.2	12.8
85 years and over	91,700	100.0	14.8	12.1	12.2	31.1	16.5	13.3
Female								
All ages	927,800	100.0	13.5	8.7	12.0	33.9	15.3	16.6
Under 65 years	95,800	100.0	12.8	9.4	10.3	28.8	13.3	25.3
65 years and over	832,000	100.0	13.5	8.6	12.2	34.5	15.5	15.6
65-74 years	131,200	100.0	17.1	9.6	13.4	30.3	15.0	14.6
75-84 years	342,600	100.0	15.4	9.5	12.7	34.9	14.9	12.7
85 years and over	358,200	100.0	10.4	7.4	11.3	35.7	16.4	18.8

SOURCE: National Center for Health Statistics, 1977 National Nursing Home Survey; data reported in *Vital and Health Statistics*, Series 13, No. 51, table 6.

TABLE II.A.4

Highlights

- More than half of the 1.3 million nursing home residents in 1977 were admitted to their current institution directly from another health facility.
- Close to one-third were admitted from a general or short-stay hospital; 12 percent were admitted from another nursing home; six percent were admitted from a mental hospital; and four percent were admitted from another type of health facility.
- Somewhat more than one-third were admitted from private residences. Twenty percent had lived with immediate family members. This included a spouse in six percent of the cases and children in ten percent of the cases.
- Thirteen percent lived alone prior to admission to the nursing home.
- Prior living arrangements were generally quite similar for men and women. The principal differences were that women were more likely to have lived alone or with their children but less likely to have lived with a spouse. This can be attributed to the fact that women residents were more likely than men to have been widowed.
- Older residents were more likely than younger residents to have lived alone or with their children and less likely to have been admitted from another health facility.
- Younger residents were considerably more likely to have been admitted from a mental hospital. Twenty percent of residents under 65 and nine percent of residents 65-74 were admitted from such a facility, compared to only two percent of those 75 and older.

Explanatory Notes

Table II.A.4 presents data from the 1977 National Nursing Home Survey. For a brief description of the survey see the explanatory notes to table II.A.3.

Living arrangement prior to admission refers to where the resident was staying *immediately* before entering the current facility. For residents whose prior residence was another health facility, the survey did obtain information on residence prior to admission to that facility, as noted in footnote 3. However, length of stay in the previous health facility was not recorded, so we do not know, for example, how many of those admitted from a general hospital may have had only a brief stay in that facility.

For other tables based on the 1977 National Nursing Home Survey see I.A.6, I.C.6 and II.A.3.

TABLE II.A.4

NURSING HOME RESIDENTS BY LIVING ARRANGEMENT PRIOR TO ADMISSION, BY SEX AND AGE: 1977

Living arrangement prior to admission	Total	Sex		Age				
		Male	Female	Under 65 years	Total 65 years and over	65-75 years	75-84 years	85 years and over
All arrangements								
Number of persons	1,303,100	375,300	927,800	177,100	1,126,000	211,400	464,700	449,900
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Individual arrangements								
Private residence	37.2	32.4	39.1	27.7	38.7	30.9	39.1	41.9
Alone	12.7	10.1	13.8	3.5	14.2	11.5	13.8	15.8
Unknown if with others	2.5	1.8	2.8	1.1	2.7	2.2	2.8	2.9
With others[1]	22.0	20.4	22.6	23.1	21.8	17.2	22.5	23.2
Immediate family[2]	19.5	18.4	19.9	20.7	19.3	15.5	20.3	20.0
Spouse	5.6	8.7	4.3	5.2	5.6	6.7	6.6	4.1
Children	10.4	6.2	12.1	3.1	11.6	5.9	11.5	14.3
Other relatives	6.4	6.2	6.5	15.1	5.1	4.9	5.0	5.3
Unrelated persons	1.1	1.0	1.2	1.0	1.2	0.7	1.3	1.2
Another health facility[3]	54.2	58.0	52.7	65.0	52.5	61.5	52.3	48.6
Another nursing home	12.5	12.7	12.4	11.4	12.7	12.8	12.4	12.8
General or short-stay hospital	32.3	32.1	32.4	24.6	33.5	34.6	34.1	32.3
Mental hospital	5.9	7.4	5.3	20.6	3.6	9.2	3.1	1.5
Other health facility or unknown	3.5	5.8	2.7	8.4	2.8	4.9	2.7	2.0
Semiprivate residence[4]	3.1	3.3	3.0	2.1	3.2	2.7	2.7	4.0
Unknown or other arrangement	5.5	6.3	5.2	5.2	5.5	4.9	5.9	5.5

[1] Residents may have lived with more than one category of person, so the sum of the subparts exceeds the total.

[2] Includes parents, spouse, children, and siblings.

[3] Forty-nine percent of the residents who were admitted from another health facility had gone to that facility from a private or semiprivate residence.

[4] Includes boarding homes and homes for the aged.

SOURCE: National Center for Health Statistics, 1977 National Nursing Home Survey; data reported in *Vital and Health Statistics*, Series 13, No. 51, table 2.

B. EMPLOYMENT

TABLE II.B.1

Highlights

- Among the 22 million persons 18-64 estimated to have work disabilities in summer 1978, 12 million were not in the labor force at that time.
- The nearly 10 million disabled persons in the labor force had an unemployment rate of 7.0 percent, compared to 4.5 percent for persons without disabilities.
- Among the 11 million severely limited persons, 1.5 million or 14 percent were in the labor force, and these had an unemployment rate of 12 percent.
- Labor force participation rates among persons with secondary or occupational limitations were fairly high: 71 percent of the 6.1 million persons with secondary limitations were in the labor force, as were 78 percent of the 4.9 million with occupational limitations.
- Older persons with work disabilities were less likely than younger persons to be in the labor force: only 35 percent of the 13 million disabled persons 45-64 were in the labor force, compared to 58 percent of the 8.6 million disabled persons 18-44.
- There were 6.0 million disabled men in the labor force and 3.6 million disabled women. The men had an unemployment rate of 5.8 percent while the women had an unemployment rate of 9.0 percent. Among persons without disabilities, men had an unemployment rate of 3.5 percent, and women had a rate of 5.9 percent.

Explanatory Notes

Table II.B.1 presents data from the 1978 Survey of Disability and Work, conducted by the Social Security Administration. The data are based on personal interviews collected from a national sample of approximately 9,900 persons, who were representative of the civilian noninstitutionalized population aged 18-64. The original sample of 12,000 persons was drawn from three sources: the 1976 cohort of the Health Interview Survey (6,900 persons), Social Security Disability Insurance (DI) beneficiaries who began collecting benefits within the five years prior to the survey (4,600 persons), and DI applicants who were denied benefits in 1977 (500 persons). The interviews were conducted in July, August and September.

Work disabilities refer primarily to limitations affecting the performance of income-producing work and in this respect differ from "activity limitations," reported in table I.B.1 and elsewhere. Persons with severe limitations are "unable to work altogether or unable to work regularly." Persons with occupational limitations are "able to work regularly but not at the same work as before the onset of disability" or not at full time. Persons with secondary work limitations are "able to work full time, regularly, and at the same kind of work but with limitation in the kind or amount of work they can perform; persons with reported limitations in keeping house but not in income-producing work are included in this group." Persons without disabilities have none of the preceding limitations.

Levels of work disability were assigned on the basis of responses to several quesionnaire items, except that members of the DI sample were automatically classified as severely limited unless they indicated themselves to be occupationally limited (the preceding definitions were excerpted from appendix II of the source publication).

The difference between work disabilities and activity limitations is especially pronounced among women. Women excluded from labor force activity because of a health condition are classified here as severely limited; in the National Health Interview Survey such women could have been rated with respect to their performance of housework and classified as partially limited or not limited at all.

For reasons not explained, population totals from the Survey of Disabiity and Work diverge from Census Bureau estimates for the same universe. Readers are advised to give greater weight to reported *percentages* than to reported *numbers* in this and other tables from the Disability Survey. See appendix 2 for a more extensive discussion of this problem and the differences between the concept of work disability and the National Health Interview Survey concept of activity limitation.

Labor force participation, employment and unemployment were ascertained by means of a question sequence virtually identical to that used in the monthly Current Population Survey to establish the official levels of employment and unemployment in the United States. Unemployed persons did not work at all during the survey week but were looking for work and available for work during the previous four weeks.

The subsequent experience of unemployment rates in excess of twice the rate observed in summer 1978 makes it important to recognize that the magnitudes of the group differences in labor force participation and unemployment recorded in table II.B.1 may vary with the condition of the economy.

For other tables based on the 1978 Survey of Disability and Work, see I.B.4 and II.B.2 through II.B.5.

TABLE II.B.1

LABOR FORCE PARTICIPATION AND UNEMPLOYMENT RATES OF PERSONS 18-64, BY AGE, SEX AND WORK DISABILITY STATUS: CIVILIAN NONINSTITUTIONALIZED POPULATION, SUMMER 1978

(numbers in thousands)

Labor force status, by age and sex	Total persons	Persons without disabilities	Disabled persons	Disabled persons by level of disability		
				Secondary limitation	Occupational limitation	Severe limitation
Total persons	127,048	105,176	21,872	6,133	4,867	10,872
Not in labor force	30,506	18,300	12,207	1,753	1,061	9,393
In labor force	96,542	86,876	9,665	4,381	3,806	1,479
Labor force participation rate	76.0%	82.6%	44.2%	71.4%	78.2%	13.6%
Unemployment rate	4.8%	4.5%	7.0%	6.5%	5.6%*	11.9%*
Persons 18-44	83,090	74,451	8,639	3,223	2,258	3,157
Not in labor force	15,378	11,742	3,636	809	458	2,369
In labor force	67,712	62,708	5,003	2,415	1,800	789
Labor force participation rate	81.5%	84.2%	57.9%	74.9%	79.7%	25.0%
Unemployment rate	5.5%	5.2%	9.0%	9.5%*	7.4%*	11.0%*
Persons 45-64	43,958	30,725	13,233	2,910	2,608	7,715
Not in labor force	15,128	6,557	8,571	944	602	7,025
In labor force	28,830	24,168	4,662	1,966	2,006	690
Labor force participation rate	65.6%	78.7%	35.2%	67.6%	76.9%	8.9%
Unemployment rate	3.0%	2.6%	4.8%*	2.8%*	4.0%*	13.0%*
Men	63,056	52,933	10,123	2,718	2,713	4,692
Not in labor force	6,071	1,991	4,080	148*	152*	3,780
In labor force	56,985	50,942	6,043	2,570	2,562	912
Labor force participation rate	90.4%	96.2%	59.7%	94.6%	94.1%	19.4%
Unemployment rate	3.8%	3.5%	5.8%	4.5%*	3.7%*	15.3%*
Women	63,993	52,243	11,749	3,416	2,153	6,180
Not in labor force	24,436	16,309	8,127	1,605	909	5,613
In labor force	39,557	35,935	3,623	1,811	1,244	567
Labor force participation rate	61.8%	68.8%	30.8%	53.0%	57.8%	9.2%
Unemployment rate	6.2%	5.9%	9.0%	9.4%*	9.5%*	6.6%

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

SOURCE: Social Security Administration, *1978 Survey of Disability and Work, Data Book*, table 79.

TABLE II.B.2

Highlights

- Overall, persons 18-64 reporting work limitations had a 44 percent labor force participation rate in the summer of 1978. This contrasts with an 83 percent participation rate for persons without disabilities.

- Severely limited persons had a labor force participation rate of only 14 percent while persons with occupational or secondary limitations had labor force participation rates approaching that of persons without disabilities.

- Roughly one out of three disabled persons who worked the week before the survey worked only part time. By contrast, fewer than one out of five nondisabled persons who worked that week worked part time.

- Among disabled persons not in the labor force, the vast majority had held employment at some earlier time. This was true at all levels of disability.

- Among men, 60 percent of disabled persons and 96 percent of nondisabled persons were in the labor force. The severely limited had a labor force participation rate of 19 percent while those with occupational and secondary limitations were virtually indistinguishable from persons without disabilities.

- Ninety percent of men with occupational and secondary disabilities were currently employed. Only 16.5 percent of severely limited men were currently employed.

- Work disabilities appeared to have a more depressing effect on women's employment than on men's employment. Only 31 percent of all disabled women versus 69 percent of women without disabilities were in the labor force. The severely limited had a labor force participation rate of only 9.2 percent, whereas those with occupational and secondary limitations had an average participation rate of 55 percent.

- Fifty percent of women with occupational and secondary limitations were currently employed. Only 8.6 percent of severely limited women were currently employed, whereas 65 percent of women without disabilities had current employment.

- The great majority of disabled women not in the labor force were employed previously.

Explanatory Notes

Table II.B.2 presents data from the 1978 Survey of Disability and Work, conducted by the Social Security Administration. For a brief description of the survey and a definition of work disability status see the explanatory notes to table II.B.1.

Labor force participation, employment and unemployment were ascertained by means of a question sequence virtually identical to that used in the monthly Current Population Survey to establish the official levels of employment and unemployment in the United States. Unemployed persons did not work at all during the survey week but were looking for work and available for work during the previous four weeks.

Persons who worked fewer than 36 hours during the reference week were classified "part time." Persons with a job but not at work include those on vacation or temporarily absent due to illness, bad weather, a labor-management dispute or various other personal reasons.

The subsequent experience of unemployment rates in excess of twice the rate observed in summer 1978 makes it important to recognize that the magnitudes of the group differences in labor force participation and unemployment recorded in table II.B.2 may vary with the condition of the economy.

For other tables based on the 1978 Survey of Disability and Work see I.B.4, II.B.1, and II.B.3 through II.B.5.

TABLE II.B.2

DETAILED LABOR FORCE STATUS OF PERSONS 18-64, BY SEX AND WORK DISABILITY STATUS: CIVILIAN NONINSTITUTIONALIZED POPULATION, SUMMER 1978

Detailed labor force status, by sex	Total persons	Persons without disabilities	Disabled persons	Disabled persons by level of disability		
				Secondary limitation	Occupational limitation	Severe limitation
Both sexes						
Total number (thousands)	127,048	105,176	21,872	6,133	4,867	10,872
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
In labor force	76.0	82.6	44.2	71.4	78.2	13.6
Currently employed	72.4	78.9	41.1	66.8	73.8	12.0
At work last week	63.4	69.4	34.4	57.2	64.4	8.0
Full time	50.3	56.1	22.3	41.3	43.6	2.0*
Part time	13.0	13.3	12.1	15.9	20.8	6.0
With a job but not at work	9.0	9.5	6.8	9.6	9.5	4.0
Currently unemployed	3.6	3.7	3.1	4.6	4.4*	1.6*
Not in labor force	24.0	17.4	55.8	28.6	21.8	86.4
Never employed	2.0	1.6	4.2	4.3	0.8*	5.6
Previously employed	22.0	15.9	51.7	24.3	21.0	80.8
Men						
Total number (thousands)	63,056	52,933	10,123	2,718	2,713	4,692
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
In labor force	90.4	96.2	59.7	94.6	94.4	19.4
Currently employed	87.0	92.9	56.3	90.4	90.9	16.5
At work last week	78.7	84.3	49.5	83.1	80.3	12.2
Full time	67.1	73.1	35.7	65.5	62.1	3.2*
Part time	11.6	11.2	13.8	17.6	18.2	8.9
With a job but not at work	8.3	8.6	6.8	7.3*	10.6	4.3*
Currently unemployed	3.4	3.4	3.5	4.2*	3.5*	3.0*
Not in labor force	9.6	3.8	40.3	5.5*	5.6*	80.6
Never employed	0.4*	0.2*	1.3*	0.0*	0.4*	2.7*
Previously employed	9.3	3.6	39.0	5.5*	5.3*	77.9

TABLE II.B.2 (Continued)

DETAILED LABOR FORCE STATUS OF PERSONS 18-64, BY SEX AND WORK DISABILITY STATUS: CIVILIAN NONINSTITUTIONALIZED POPULATION, SUMMER 1978

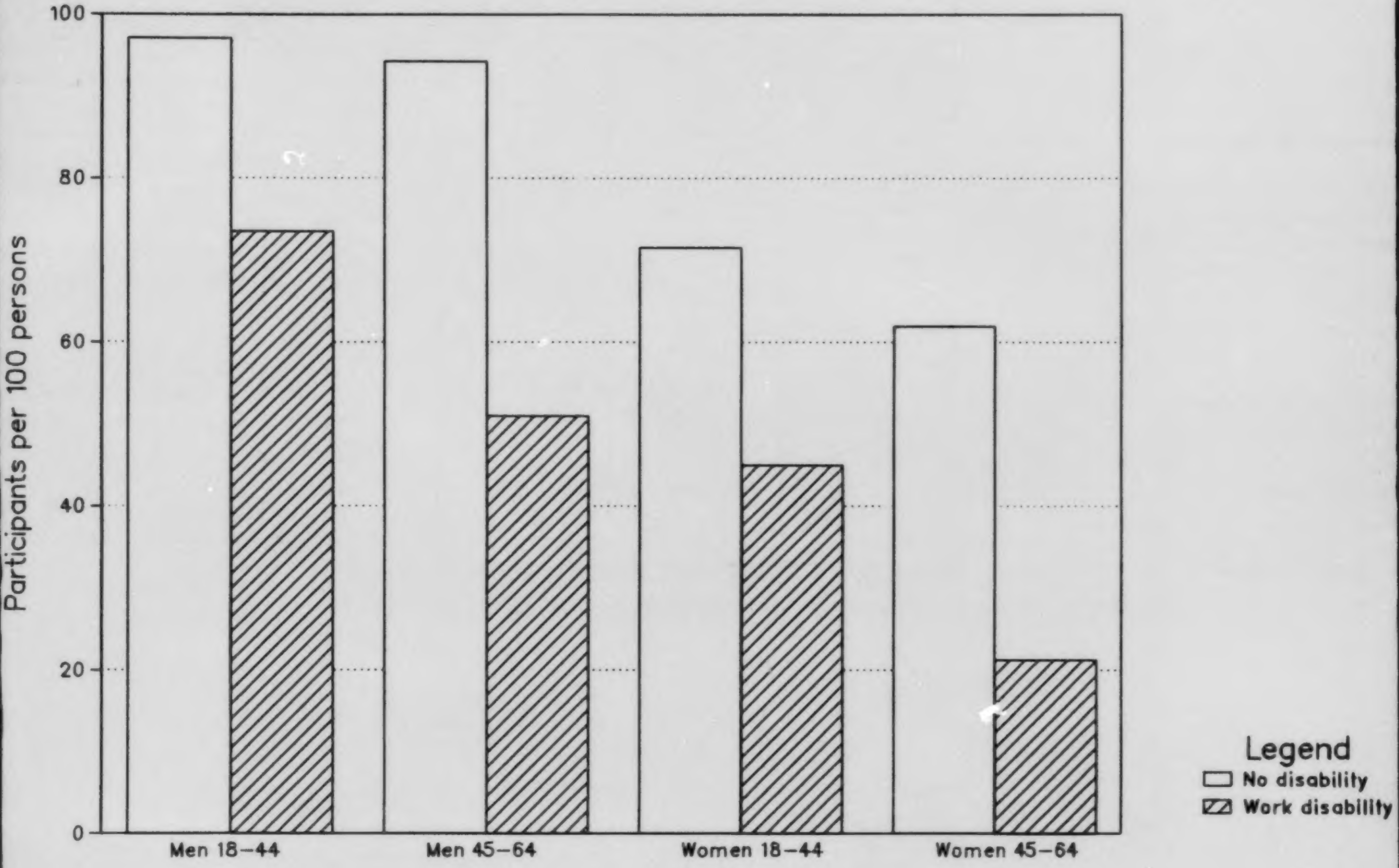
Detailed labor force status, by sex	Total persons	Persons without disabilities	Disabled persons	Disabled persons by level of disability		
				Secondary limitation	Occupational limitation	Severe limitation
Women						
Total number (thousands)	63,993	52,243	11,749	3,416	2,153	6,180
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
In labor force	61.8	68.8	30.8	53.0	57.8	9.2
Currently employed	58.0	64.8	28.1	48.0	52.3	8.6
At work last week	48.3	54.3	21.3	36.6	44.3	4.9
Full time	33.8	39.0	10.7	22.1	20.4	1.1*
Part time	14.5	15.3	10.6	14.6	24.0	3.8*
With a job but not at work	9.8	10.5	6.7	11.4	8.0*	3.7*
Currently unemployed	3.8	4.0	2.8	5.0*	5.5*	0.6*
Not in labor force	38.2	31.2	69.2	47.0	42.2	90.8
Never employed	3.6	3.0	6.6	7.6	1.3*	7.9
Previously employed	34.6	28.3	62.6	39.4	41.0	83.0

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

SOURCE: Social Security Administration, *1978 Survey of Disability and Work, Data Book*, table 78.

Chart 3

Labor Force Participation Rates By Work Disability Status, Age and Sex, 1978



Source: See table II.B.1.

TABLE II.B.3

Highlights

- Forty-two percent of all disabled persons 18-64 with onsets prior to 1977 were not employed at any time in 1977.
- Seventy percent of severely limited persons were not employed at all in 1977 while 23 percent of those with secondary limitations and 13 percent with occupational limitations did not work during the year.
- Part time and part year employment were more common among employed persons with disabilities than among those without disabilities. Only 7.5 percent of those with severe limitations worked full time the full year, as opposed to 39 percent of those with occupational limitations, 45 percent with secondary limitations, and 50 percent with no disabilities.
- Disabilities had a more adverse effect on the extent of employment among women than among men. While 42 percent of men with disabilities and 66 percent of men without disabilities worked full time the full year, only 13 percent of women with disabilities versus 32 percent of those without disabilities worked full time the full year.
- Fifty-four percent of women with disabilities did not work at all in 1977, compared to 26 percent without disabilities. Among women with severe limitations, 74 percent did not work in 1977.
- Among men, 28 percent of those with disabilities did not work in 1977, and 63 percent of those with severe limitations did not work. Among men without disabilities, only three percent did not work.

Explanatory Notes

Table II.B.3 presents data from the 1978 Survey of Disability and Work, conducted by the Social Security Administration. For a brief description of the survey and a definition of work disability status see the explanatory notes to table II.B.1.

This table, unlike the previous two tables, shows the extent of employment during the previous year rather than during the survey week. In so doing it shows how work disabilities may affect employment patterns over an extended period of time as opposed to the single snapshot presented in the preceding tables. This is pertinent to understanding the median earnings data presented in table II.B.4. If disabled persons tend to have lower annual earnings than persons without disabilities, this could be because they tend to work at jobs with lower rates of pay and/or because they tend to work fewer hours. This table shows that hours are indeed a factor.

Note that in order to display the full effects of disabilities on employment in 1977, persons with onsets of disability between January 1, 1977 and the survey date have been exluded from the table. This accounts for the difference between the totals in this table and the preceding table.

Part time work is defined as fewer than 36 hours per week. Intermittent work is defined as employment in 1977 for fewer than 26 weeks, whether full time or part time.

For other tables based on the 1978 Survey of Disability and Work see I.B.4, II.B.1, II.B.2, II.B.4 and II.B.5.

TABLE II.B.3

EXTENT OF EMPLOYMENT IN 1977 AMONG PERSONS 18-64, BY SEX AND WORK DISABILITY STATUS: CIVILIAN NONINSTITUTIONALIZED POPULATION, SUMMER 1978[1]

Extent of employment in 1977, by sex	Total persons	Persons without disabilities	Disabled persons	Disabled persons by level of disability		
				Secondary limitation	Occupational limitation	Severe limitation
Total persons (thousands)	122,538	102,886	19,652	5,932	4,642	9,078
Percent	100.0	100.0	100.0	100.0	100.0	100.0
Employed	81.0	85.4	57.9	76.7	87.2	30.5
Full time, 50-52 weeks	45.8	49.5	26.3	45.4	38.8	7.5
Full time, 26-49 weeks	9.4	9.8	7.3	10.3	9.2	4.3
Part time, 26 weeks or more	14.6	15.4	10.5	11.1	19.7	5.5
Intermittent (less than 26 weeks)	11.3	10.8	13.7	9.9	19.5	13.3
Not employed at any time[2]	19.0	14.6	42.1	23.3	12.8	69.5
Total men (thousands)	61,266	52,261	9,006	2,620	2,587	3,799
Percent	100.0	100.0	100.0	100.0	100.0	100.0
Employed	92.9	96.6	71.9	97.9	96.3	37.3
Full time, 50-52 weeks	62.6	66.2	41.8	70.2	57.6	12.2
Full time, 26-49 weeks	11.0	11.2	9.8	11.6	13.6	6.1*
Part time, 26 weeks or more	11.0	11.5	7.9	8.5*	12.3	4.6*
Intermittent (less than 26 weeks)	8.3	7.7	12.3	7.5*	12.8	15.2
Not employed at any time[2]	7.1	3.4	28.1	2.1*	3.7	62.7
Total women (thousands)	61,272	50,626	10,646	3,312	2,055	5,278
Percent	100.0	100.0	100.0	100.0	100.0	100.0
Employed	69.1	73.9	46.0	60.0	75.8	25.7
Full time, 50-52 weeks	29.0	32.3	13.2	25.8	15.1	4.7
Full time, 26-49 weeks	7.7	8.2	5.1	9.2	3.8*	3.0*
Part time, 26 weeks or more	18.2	19.4	12.7	13.2	29.0	6.1
Intermittent (less than 26 weeks)	14.2	14.0	15.0	11.8	27.9	11.9
Not employed at any time[2]	30.9	26.1	54.0	40.0	24.2	74.3

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*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

[1] Disability status as of January 1, 1977. Persons with onsets between January 1, 1977 and the survey date are excluded from this table.

[2] This includes persons who were never in the labor force during the year as well as those who looked for work unsuccessfully.

SOURCE: Social Security Administration, *1978 Survey of Disability and Work, Data Book*, tables 89 and 90.

TABLE II.B.4

Highlights

- The median earnings of disabled persons who worked in 1977 were approximately six thousand dollars—more than three thousand dollars lower than the median earnings of workers without disabilities.

- Among disabled workers, median earnings varied considerably by level of disability. Workers with secondary limitations had roughly the same average earnings as workers *without* disabilities while workers with severe limitations had median earnings less than one-third as large as these two groups.

- Earnings differences were more pronounced among workers 35 and older than among younger workers.

- Earnings differences between all disabled workers and workers without disabilities were more pronounced among women than men. However, the differential between severely disabled workers and workers without disabilities appeared to be greater among men than women.

- The median earnings of male workers with occupational limitations more nearly resembled those of male workers with secondary limitations than with severe limitations. Among women, the occupationally disabled were more similar to the severely limited.

Explanatory Notes

Table II.B.4 presents data from the 1978 Survey of Disability and Work, conducted by the Social Security Administration. For a brief description of the survey and a definition of work disability status see the explanatory notes to table II.B.1.

Earnings represent income from employment or self-employment. Estimates of median earnings are based only on those persons who reported positive earnings during 1977. They are not reduced by persons who had no net earnings.

For other tables based on the 1978 Survey of Disability and Work see I.B.4, II.B.1 through II.B.3 and II.B.5.

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TABLE II.B.4

MEDIAN EARNINGS IN 1977 AMONG PERSONS 18-64 WITH EARNINGS, BY AGE, SEX, AND WORK DISABILITY STATUS: CIVILIAN NONINSTITUTIONALIZED POPULATION, SUMMER 1978 [1]

Age and sex	Total persons	Persons without disabilities	Disabled persons	Disabled persons by level of disability		
				Secondary limitation	Occupational limitation	Severe limitation
Total persons	$8,939	$9,241	$5,973	$9,352	$5,807	$2,770
18-34	6,743	6,920	4,414	7,326	3,858	2,430
35-44	11,552	12,374	5,639	8,064	5,365	2,972
45-54	11,681	12,352	8,451	12,023	8,230	3,098
55-64	10,800	11,483	6,873	10,935	7,728	2,724
Total men	12,734	13,041	10,779	12,749	10,371	4,281
18-34	9,726	9,963	7,460	9,409	7,042	2,564 *
35-44	15,711	16,266	11,022	12,937	12,779 *	4,761 *
45-54	16,085	16,680	12,939	15,542	12,240	4,467 *
55-64	13,713	14,686	11,533	12,965	11,369	6,143
Total women	5,278	5,607	2,858	5,414	2,486	2,283
18-34	4,493	4,687	2,545	2,986	2,246	2,353 *
35-44	6,374	6,912	2,715	6,551	2,086 *	1,996 *
45-54	6,199	6,789	4,113	6,090	3,113 *	2,690 *
55-64	5,857	6,931	2,803	4,870 *	3,482 *	2,117 *

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*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

[1] Disability status as of January 1, 1977. Persons with onsets between January 1, 1977 and the survey date are excluded from this table.

SOURCE: Social Security Administration, *1978 Survey of Disability and Work, Data Book*, table 93.

TABLE II.B.5

Highlights

- Two-thirds of the estimated 21.5 million persons 18-64 with work disabilities in the summer of 1978 had been employed at the onset of disability.

- A substantial majority of these, representing half of all disabled persons, had continued working for the same employer.

- This was the dominant pattern even among the severely limited; 41 percent had continued working for the same employer.

- The second most common response to the onset of disability was to stop working. Among all disabled, 13 percent had stopped working. Among those with secondary limitations, three percent had stopped working while 21 percent of the severely limited had stopped working.

- Men were more likely than women to have been employed at the onset of disability. If employed, women were more likely than men to have stopped working, except among the severely limited, where the proportions were comparable (about a third of those who had been employed had stopped working).

- Changing employer after onset occurred most often among persons with occupational limitations. Within this group, changing employer was a more common response than stopping working. This may be in part a function of how occupational limitation is defined.

Explanatory Notes

Table II.B.5 presents data from the 1978 Survey of Disability and Work, conducted by the Social Security Administration. For a brief description of the survey and a definition of work disability status see the explanatory notes to table II.B.1.

For reasons not explained, population totals from the Survey of Disability and Work diverge from Census Bureau estimates for the same universe. Readers are advised to give greater weight to reported *percentages* than to reported *numbers* of persons in this table. See appendix 2 for a more extensive discussion of this matter.

For other tables based on the 1978 Survey of Disability and Work see I.B.4 and II.B.1 through II.B.4.

TABLE II.B.5

EMPLOYMENT CHANGE AFTER ONSET OF DISABILITY AMONG DISABLED PERSONS 18-64, BY SEX AND WORK DISABILITY STATUS: CIVILIAN NONINSTITUTIONALIZED POPULATION, SUMMER 1978

Employment change, by sex	Disabled persons	Disabled persons by level of disability		
		Secondary limitation	Occupational limitation	Severe limitation
Total persons (thousands)	21,507	5,985	4,833	10,690
Percent	100.0	100.0	100.0	100.0
Not employed at onset	32.3	34.2	24.7	34.6
Employed at onset	67.7	65.8	75.3	65.4
Stopped working	13.3	3.2*	8.0	21.3
Continued working	54.4	62.6	67.4	44.1
Same employer	49.3	58.9	56.4	40.7
Different	5.1	3.7*	10.9	3.3
Total men (thousands)	9,939	2,654	2,679	4,606
Percent	100.0	100.0	100.0	100.0
Not employed at onset	14.4	10.4	11.7	18.2
Employed at onset	85.6	89.6	88.3	81.8
Stopped working	14.6	2.2*	6.0*	26.8
Continued working	71.0	87.4	82.3	55.0
Same employer	63.3	79.9	67.7	51.2
Different	7.7	7.5*	14.6	3.8*
Total women (thousands)	11,568	3,330	2,153	6,084
Percent	100.0	100.0	100.0	100.0
Not employed at onset	47.7	53.1	40.8	47.1
Employed at onset	52.3	46.9	59.2	52.9
Stopped working	12.2	4.1*	10.4*	17.2
Continued working	40.2	42.8	48.8	35.8
Same employer	37.3	42.1	42.4	32.8
Different	2.9	0.6*	6.4*	3.0*

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

SOURCE: Social Security Administration, *1978 Survey of Disability and Work, Data Book*, table 115.

TABLE II.B.6

Highlights

- The total number of sheltered workshops certified to be in operation at the end of the Federal fiscal year rose without interruption from 308 in 1956 to 4,702 in 1982—a 15-fold increase.

- The average annual total number of clients served by sheltered workshops increased from 18,000 in 1956 to 195,000 in 1982. This growth in the client population was interrupted only once, in 1968.

- The increase in the number of clients between 1980 and 1981 was the smallest since 1968-1969, and the increase between 1981 and 1982 was smaller still.

- In 1968, when the separate designation of regular programs, work activities centers and evaluation and training was established, regular programs were the most numerous and accounted for the most clients. In that year there were 28,000 clients in regular programs, 13,000 in work activities centers, and 7,000 in evaluation and training.

- After 1968, the number of clients in regular programs grew only modestly to 38,000 in 1982. Clients in work activities centers increased in number from 13,000 in 1968 to 136,000 in 1982. Clients in evaluation and training grew from 7,000 in 1968 to 24,000 in 1978 before declining to 21,000 in 1982.

Explanatory Notes

Table II.B.6 presents U.S. Department of Labor statistics on the number of sheltered workshops holding certificates at the end of each fiscal year and the number of workers employed under these certificates. Sheltered workshops provide both rehabilitation and employment to persons unable to engage in competitive labor market activity by reason of mental or physical impairment. Workers are paid in proportion to their productivity. Most workshops are certified by the Department of Labor to pay subminimum wages to handicapped persons. Workshops that pay the minimum wage or better do not need to be certified. The same is true of workshops that do not trade across State lines. Workshops operating without certificates are not included in the table.

Work activities centers are certified to pay wages below 50 percent of the Federal minimum to severely handicapped individuals whose productivity is marginal. Regular programs pay between 50 and 100 percent of the minimum wage. Training and evaluation programs provide work as part of the client training and are certified to pay wages down to 25 percent of the minimum wage. Individual shelters may have multiple certificates. The number of certified shelters reported in the table for each year is an unduplicated count.

The majority of sheltered workshops are operated by private nonprofit organizations, but State-operated and for-profit workshops do exist.

TABLE II.B.6

NUMBER OF SHELTERED WORKSHOPS HOLDING CERTIFICATES AND ESTIMATED NUMBER OF WORKERS EMPLOYED, BY TYPE OF CERTIFICATE: 1956-1982

Fiscal year	Unduplicated total number of shops[1]	Total number of clients[2]	Number of regular programs	Clients in regular programs	Number of work activities centers	Clients in work activities centers	Number of evaluation certificates	Number of training certificates[3]	Clients in evaluation and training[4]
1956	308	17,645	...	...	...	...	...	...	...
1957	349	19,548	...	...	...	...	...	...	...
1958	397	21,378	...	...	...	...	...	...	...
1959	433	23,635	...	...	...	...	...	...	...
1960	483	28,361	...	...	...	...	...	...	...
1961	541	29,122	...	...	...	...	...	...	...
1962	582	32,871	...	...	...	...	...	...	...
1963	619	34,441	...	...	...	...	...	...	...
1964	674	37,636	...	...	...	...	...	...	...
1965	799	43,412	...	...	...	...	...	...	...
1966	885	47,412	...	...	...	...	...	...	...
1967	978	49,645	...	...	...	...	...	...	...
1968	1,078	47,900	668	28,018	513	12,996	256	283	6,886
1969	1,169	51,882	682	26,467	639	16,923	324	322	8,492
1970	1,420	63,154	803	28,535	848	24,075	415	422	10,544
1971	1,623	70,298	873	29,181	1,058	29,749	482	488	11,368
1972	1,863	80,450	1,016	27,972	1,268	37,771	567	586	14,707
1973	2,062	87,348	1,056	29,758	1,418	42,403	599	604	15,187
1974	2,392	104,791	1,149	31,682	1,702	57,932	651	672	15,177
1975	2,835	120,452	1,346	31,236	2,062	70,240	782	813	18,976
1976	2,998	143,552	1,327	32,385	2,252	88,297	752	802	22,870
1977	3,323	156,475	1,575	32,200	2,622	100,912	909	980	23,363
1978	3,431	164,709	1,603	33,813	2,846	109,191	912	991	21,705
1979	3,879	174,746	1,691	35,236	3,079	117,017	915	1,003	22,493
1980	4,150	185,916	1,703	37,976	3,312	127,034	904	1,008	20,906
1981	4,397	191,894	1,851	36,828	3,573	132,682	939	1,053	22,384
1982	4,702	195,445	2,043	38,141	3,840	136,431	1,000	1,116	20,873

... Not applicable; prior to 1968 there were no designations of work activities centers and regular programs.

[1] Workshops holding certificates in effect at the end of the Federal fiscal year.

[2] Through fiscal year 1967, the number of clients shown is those in the workshop at the time of application; beginning with fiscal year 1968, the number is the average of the clients in the workshop at the close of each of the four quarters (or the reported quarters if less than four).

[3] One training certificate is issued to cover all training programs in a workshop.

[4] Evaluation and training clients are not reported separately.

SOURCE: U.S. Department of Labor, Wage and Hour Division, Branch of Special Minimum Wages; unpublished statistics.

C. INCOME

TABLE II.C.1

Highlights

- Low income was substantially more common among persons with chronic activity limitations than among the total population in 1979-1980 (for a definition of low income, see below). Although 15.4 percent of all persons were from low income families, nearly 24 percent of persons with an activity limitation were from low income families.

- Among persons with activity limitations, the proportion with low income rose with the degree of activity limitation. Persons who could perform their usual activity but were limited in outside activities had a 17 percent chance of being in a low income family. Persons partially limited in the performance of their usual activity had a 24 percent chance, and persons who could not perform their usual activity had a 31 percent chance of living in a low income situation.

- The general relationship between activity limitation and low income held true for both men and women and for all four broad age groups, although the strength of the relationship varied among groups. Differences by activity limitation were much stronger among men than among women. Likewise, differences were strongest in the 17-44 and 45-64 age groups, where limitations would have the greatest effect on potential family income. Differences were weakest among persons 65 and older.

- Among men 45-64, the frequency of low income in the most limited group was seven times that for the non-limited group. Among women of the same age, low income was more than four times more common in the most limited group than in the non-limited group.

Explanatory Notes

Table II.C.1 presents estimates of the percentage of persons in low income families, by age, sex and degree of self-reported chronic activity limitation. The estimates were obtained from the National Health Interview Survey, conducted by the National Center for Health Statistics. The data are based on information collected by personal interview from a nationwide sample of about 81,000 households in 1979 and 1980. These household yielded a probability sample of approximately 214,000 persons, who were representative of the civilian noninstitutionalized population of the United States. Household interviews were distributed over the two-year period, with about 800 conducted each week, except that for budgetary reasons four weeks were excluded from the final quarter of 1980. Estimates from the survey represent a 24-month average rather than a single point in time.

The statistics presented in this table were computed by Mathematica Policy Research from public use microdata tapes.

To determine whether or not a person was to be classified as having low income, the total annual income of that person's family, or that person's own income if living alone or with non-relatives, was compared to the Census Bureau's estimate of the poverty threshold for a family of the same size in 1979 and 1980. If the income (reported as a range) was below the threshold, that person and all the members of that family were classified as low income. If the reported income range included the poverty threshold, so that there was insufficient information to determine whether that particular family was above or below the poverty threshold, then each member was randomly assigned to the low income class or not, with a probability determined by the relative location of the poverty threshold within the reported income class. Thus if the poverty threshold were $4,200 and the income bracket ranged from $4,000 to $5,000, then the probability of an individual being assigned to the low income class was 20 percent.

Estimates of the base populations to which the percentages in this table refer are presented in tables II.A.1 and II.A.2.

The income data collected by the National Health Interview Survey are very limited and do not provide an ideal basis for estimating the income adequacy of persons and families. The 15.4 percent of persons classified here as low income is two to three percentage points above the Census Bureau's estimate of the poverty rate for that same time period. This discrepancy may arise from several possible causes, including selective nonresponse to the income question, underreporting of total income, and biases inherent in the procedures used to classify individual respondents as below the poverty threshold or not. The reader is advised to give greater weight to the *relative* frequency of low income between groups than to the absolute frequency of low income within individual groups.

Table II.C.2 provides estimates of median family income from the same source. For other tables presenting 1979-1980 data from the National Health Interview Survey see I.A.1, I.C.1, II.A.1 and II.A.2. Several additional tables present previously published data from the 1979 survey (see I.B.1).

TABLE II.C.1

RATE OF LOW INCOME AMONG PERSONS, BY AGE, SEX AND CHRONIC ACTIVITY LIMITATION STATUS: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979-1980

(rate per hundred persons)

Age and sex	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity	Limited in amount or kind of major activity	Unable to carry on major activity
All persons	15.4	13.9	23.9	16.9	23.9	30.9
Under 17 years	20.3	20.1	25.1	22.5	27.1	32.4
17-44 years	13.3	12.4	22.7	15.7	22.9	42.6
45-64 years	9.7	6.2	20.7	10.9	20.1	30.2
65 years and older	21.9	17.1	27.6	24.4	27.9	28.4
Males	13.5	12.3	20.7	11.7	16.4	31.0
Under 17 years	20.0	19.8	25.0	23.9	25.4	34.5*
17-44 years	11.3	10.4	20.6	11.2	19.1	44.2
45-64 years	7.3	4.0	17.0	4.0	10.5	29.1
65 years and older	17.4	11.3	23.7	14.8	16.7	28.9
Females	17.1	15.4	26.9	21.7	28.3	30.7
Under 17 years	20.6	20.4	25.3	20.6	29.3	30.0*
17-44 years	15.1	14.2	24.8	20.8	25.8	38.1
45-64 years	12.0	8.2	24.5	17.2	25.5	34.7
65 years and older	25.2	20.8	30.7	28.8	32.4	27.2

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

SOURCE: National Center for Health Statistics, 1979 and 1980 National Health Interview Survey; original tabulation prepared from public use tapes by Mathematica Policy Research.

TABLE II.C.2

Highlights

- The median annual family income of persons with chronic activity limitations was substantially lower than that of persons with no limitation of activity in 1979-1980. Persons with limitations had an average family income of $10,980, compared to $18,060 for persons without limitations.

- Median income was inversely related to the severity of limitation. Persons who could perform their usual activity but were limited in outside activities had a median family income of $15,380. Persons partially limited in their usual activity had a median family income of $11,100. Those who could not carry on their usual activity had a median income of only $7,930.

- The inverse relationship between activity limitation and median family income was found among both men and women and within most age groups. The relationship was strongest among men 45-64, where activity limitations would have the greatest effect on potential family income. Men unable to carry on their usual activity had less than half the family income of men with partial limitations and barely more than a third of the income of persons with limitations outside their major activity or no limitation at all. The latter two groups were essentially undifferentiated, however.

- Median income among women 65 and older varied little by activity limitation status. Women without limitations had median family incomes $1,500 higher than women with limitations, but the most severely limited women had incomes at least as high as those without limitations. The relatively high family income of severely limited women may reflect the greater likelihood of their living *with* someone rather than alone.

- Differences in median family income among persons under 17 were surprisingly large, given how few children would have been in a position to affect family income significantly. Children with limitations lived in families with median income $2,000 below that of families of children without limitations. This may arise from the fact that children with limitations were more likely to live in single-parent families than children without limitations (see table II.A.2).

Explanatory Notes

Table II.C.2 presents estimates of the median family income of persons by age, sex and degree of self-reported chronic activity limitation in 1979 and 1980. The estimates were obtained from the National Health Interview Survey, conducted by the National Center for Health Statistics. For a brief description of the suvey see the explanatory notes to table II.C.1. The statistics presented here were computed by Mathematica Policy Research from public use microdata tapes.

Median family income represents the total income, during the 12 months preceding the interview, of all co-resident members of the respondent's family. For persons living alone or with non-relatives, only their own income is counted. Table II.C.1 provides estimates of the percentage of persons with low family incomes. Table II.B.4 reports median personal earnings of individuals by level of work disability, based on another survey.

Because median family income is affected by family size and composition, differences in living arrangements between chronically limited and non-limited persons influence the comparative income levels recorded in the table. The reader should exercise caution in interpreting the reported estimates. In general, direct comparisons are most valid when made within age-sex groups, but differences in living arrangements may not be negligible even then. For information on the living arrangements of persons by chronic activity limitation status, age and sex, see table II.A.2.

Estimates of the base populations to which these median incomes refer are presented in tables II.A.1 and II.A.2. For other tables presenting 1979-1980 data from the National Health Interview Survey see I.A.1 and I.C.1.

TABLE II.C.2

MEDIAN ANNUAL FAMILY INCOME OF PERSONS BY AGE, SEX AND CHRONIC ACTIVITY LIMITATION STATUS: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979-1980

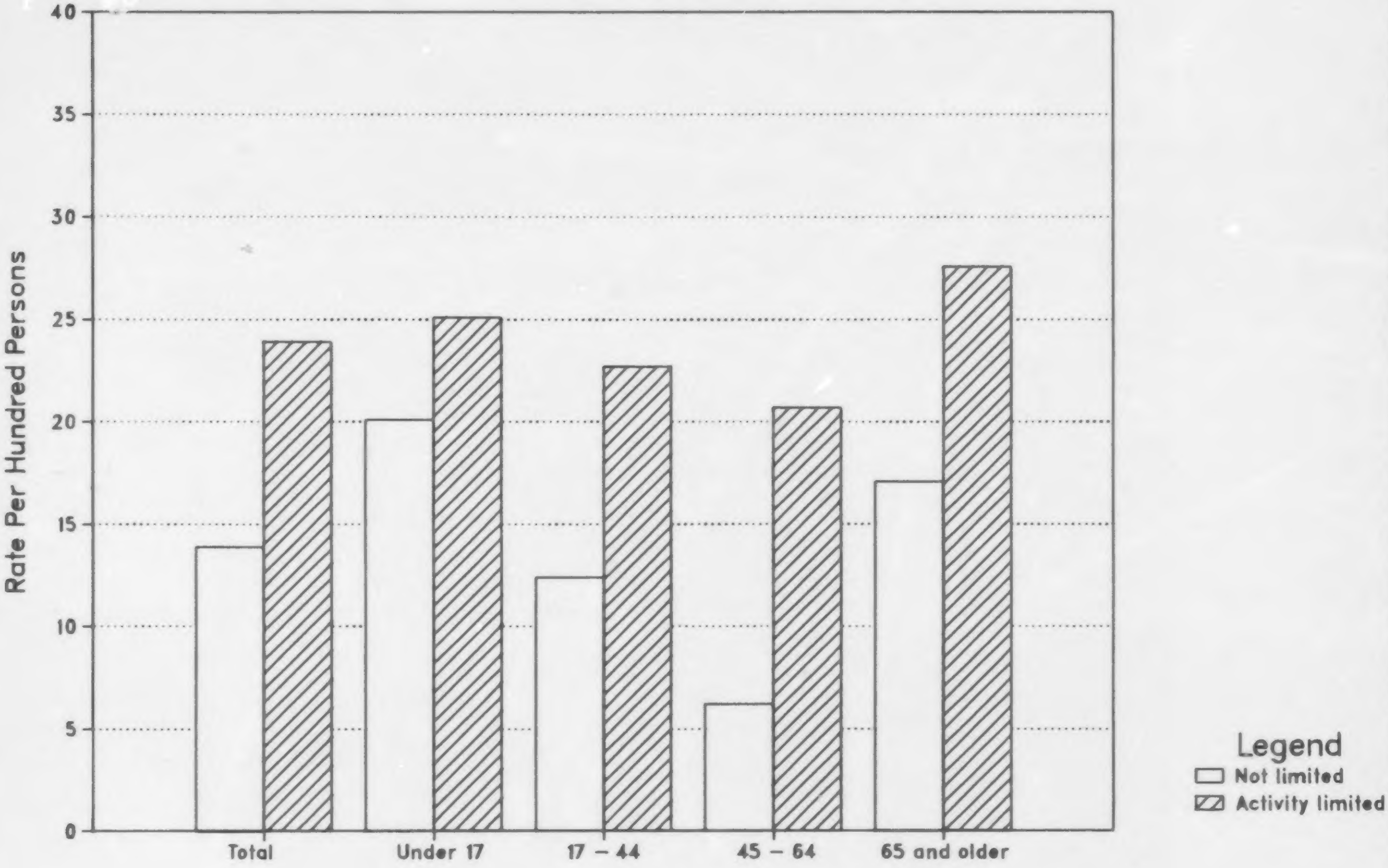
Age and sex	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity	Limited in amount or kind of major activity	Unable to carry on major activity
All persons	$17,300	$18,060	$10,980	$15,380	$11,100	$ 7,930
Under 17 years	17,780	17,860	15,640	17,850	14,190	11,930
17-44 years	18,490	18,820	14,580	17,290	14,720	8,440
45-64 years	19,580	21,570	12,740	18,820	13,330	8,510
65 years and older	8,160	9,100	7,100	7,530	6,850	7,330
Males	18,310	19,300	12,030	18,880	13,970	7,830
Under 17 years	17,920	18,010	15,690	17,330	14,780	10,980*
17-44 years	19,180	19,540	14,980	18,860	15,400	8,250
45-64 years	21,580	23,700	14,040	23,320	17,730	8,690
65 years and older	9,250	10,970	7,970	10,070	8,930	7,030
Females	16,280	17,360	9,850	12,470	9,290	8,350
Under 17 years	17,640	17,710	15,470	18,510	13,470	13,070*
17-44 years	17,800	18,104	14,140	14,970	14,200	9,130
45-64 years	17,500	19,440	11,350	13,910	10,980	7,390
65 years and older	7,190	7,970	6,450	6,420	6,060	8,400

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

SOURCE: National Center for Health Statistics, 1979 and 1980 National Health Interview Survey; original tabulation prepared from public use tapes by Mathematica Policy Research.

Chart 4

Rate of Low Income Among Persons, By Activity Limitation and Age, 1979–1980



Source: See table II.C.1.

D. HEALTH CARE UTILIZATION

TABLE II.D.1

Highlights

- Persons with chronic activity limitations reported an average of 9.5 physician visits per person in 1979. This was more than twice the average for the total civilian noninstitutionalized population.

- The average number of physician visits increased with the degree of activity limitation. Persons unable to carry on their major activity had 11.9 visits. Persons limited in the amount or kind of major activity had 9.8 visits. Persons limited but not in their major activity had 6.5 visits. Persons with no chronic activity limitations had 3.9 visits.

- Among persons with activity limitations, persons 65 and older had somewhat fewer physician visits than younger persons. Among persons with no limitation of activity, the elderly had only slightly more physician visits than younger persons.

- Except among children under 17, women had more physician visits per person than did men. Differences were greatest at ages 17-44, which correspond to the childbearing years for women. Women 17-44 had between 70 and 100 percent more physician visits per person than did men. The size of the difference was not related to the presence or degree of chronic activity limitation.

Explanatory Notes

Table II.D.1 presents data from the 1979 National Health Interview Survey, conducted by the National Center for Health Statistics. The data are based on information collected by personal interview from a nationwide sample of about 42,000 households. These households yielded a probability sample of approximately 111,000 persons, who were representative of the civilian noninstitutionalized population of the United States. Household interviews were distributed over the year, with about 800 conducted each week. Estimates from the survey represent a twelve-month average rather than a specific point in time.

Physician visits include office visits, house calls, and telephone consultations. They exclude visits received while a hospital inpatient and visits for services provided on a mass basis—e.g., chest X-rays or vaccinations provided in a movable facility.

Physician visits per person per year are estimated from survey respondents' reports for the two weeks prior to the interview. If all respondents reported one visit during the two-week period, the estimated number of physician visits per person per year would be 26. If half the respondents reported one visit and the remainder none, the per person per year estimate would be 13.

A chronic activity limitation refers to a restriction in activity as a result of a condition which was first noticed more than three months before the interview or which is one of several conditions always classified as chronic regardless of the date of onset. For a fuller definition of activity limitations see the explanatory notes accompanying table I.B.1.

All of the tables in this section are based on the 1979 National Health Interview Survey. Estimates of total persons by activity limitation, age and sex are presented in table I.B.1. For other tables based on this same source see I.C.3 and I.C.4.

TABLE II.D.1

NUMBER OF PHYSICIAN VISITS PER PERSON PER YEAR, BY CHRONIC ACTIVITY LIMITATION STATUS, SEX, AND AGE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979

Sex and age	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Both sexes						
All ages	4.7	3.9	9.5	6.5	9.8	11.9
Under 17 years	4.1	3.9	9.5	5.2	13.0	15.1
17-44 years	4.5	4.0	9.7	7.1	10.0	16.0
45-64 years	5.2	3.7	10.2	6.6	10.5	12.7
65 years and over	6.3	4.3	8.7	6.3	8.4	10.1
Male						
All ages	4.1	3.3	8.3	4.8	8.4	10.6
Under 17 years	4.2	4.0	9.0	3.5	13.6	14.8*
17-44 years	3.3	2.8	7.3	4.8	7.5	12.6
45-64 years	4.7	3.2	9.1	4.9	8.6	11.5
65 years and over	5.9	3.8	8.1	6.1	6.8	9.2
Female						
All ages	5.4	4.5	10.6	8.1	10.7	15.4
Under 17 years	4.1	3.9	10.1	7.4	12.1	15.1*
17-44 years	5.6	5.0	12.1	9.8	12.0	25.1
45-64 years	5.7	4.0	11.3	8.0	11.5	17.4
65 years and over	6.7	4.7	9.2	6.4	9.0	12.2

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*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

SOURCE: National Center for Health Statistics, 1979 Health Interview Survey; data reported in *Vital and Health Statistics*, Series 10, No. 137, table 2.

TABLE II.D.2

Highlights

- Almost one out of four persons with chronic activity limitations in 1979 reported one or more short-stay hospital episodes during the previous twelve months.

- The percentage reporting a hospital episode was strongly related to the presence and degree of chronic activity limitation. Only 8 percent of those persons with no limitation of activity reported a hospital episode, compared to 15 percent of those who were limited but not in their major activity. Among persons limited in the amount or kind of major activity, 22 percent reported one or more hospital episodes while 34 percent of those unable to carry on their major activity reported hospital stays.

- The proportion reporting a hospital episode rose from five percent among children to 11 percent among persons 17-64 and 18 percent among the elderly. Within the 17-64 group, however, there was no age trend. Moreover, the variation across all age groups was much smaller among persons at the same level of activity limitation. Among persons unable to carry on their major activity, children registered the highest percentage of hospital stays.

- Within the three activity-limited groups, generally higher percentages of women than men reported hospital episodes.

- Among persons with no limitation of activity, men and women were about equally likely to report hospital episodes, except in the childbearing years, 17-44, where 14 percent of women but only five percent of men reported episodes.

Explanatory Notes

Table II.D.2 presents data from the 1979 National Health Interview Survey, conducted by the National Center for Health Statistics. For a brief description of the survey see the explanatory notes to table II.D.1.

A hospital episode is defined as any continuous stay of one night or more as a hospital inpatient. Only periods in short-stay hospitals, as opposed to other facilities, are counted. A short-stay hospital is defined in this context as any hospital or hospital department in which the type of service provided is general; maternity; eye, ear, nose, and throat; children's; or osteopathic. Hospital stays by healthy newborn infants are excluded from the count of hospital episodes. Residents of long-term care facilities and other institutions are excluded from the survey. Most notable among this group are the four to five percent of adults 65 and older who reside in nursing homes.

Unlike physician visits (table II.D.1), hospital episodes were recorded for the twelve months prior to the interview. Episodes overlapping the beginning or end of the twelve-month period were counted in that period.

For a definition of chronic activity limitations see the explanatory notes accompanying table I.B.1, which contains the base numbers to which the percentages in this table apply.

All of the tables in this section are based on the 1979 National Health Interview Survey. For other tables based on this same source see I.B.1, I.C.3 and I.C.4.

TABLE II.D.2

PERCENT OF PERSONS WITH ONE OR MORE SHORT-STAY HOSPITAL EPISODES DURING PREVIOUS TWELVE MONTHS, BY CHRONIC ACTIVITY LIMITATION STATUS, SEX, AND AGE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979

Sex and age	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Both sexes						
All ages	10.3	8.1	23.3	15.2	21.9	34.3
Under 17 years	5.1	4.7	16.5	12.0	18.5	39.4
17-44 years	11.1	10.0	21.5	15.9	22.2	35.7
45-64 years	11.3	7.6	23.1	14.5	21.5	33.5
65 years and over	18.2	11.4	26.3	17.2	23.0	34.3
Male						
All ages	8.4	6.1	22.0	13.3	18.2	31.5
Under 17 years	5.7	5.2	16.0	11.3	19.0	29.8*
17-44 years	6.5	5.4	17.4	11.5	16.4	32.3
45-64 years	11.5	7.6	23.1	15.7	18.4	30.8
65 years and over	18.9	11.6	26.4	15.8	19.9	31.8
Female						
All ages	12.0	9.9	24.5	16.9	24.1	42.1
Under 17 years	4.6	4.1	17.1	12.9	17.6	49.1*
17-44 years	15.4	14.4	25.8	20.7	26.7	44.8
45-64 years	11.2	7.6	23.2	13.4	23.2	44.6
65 years and over	17.8	11.2	26.2	17.8	24.2	39.9

*Figure has how statistical reliability or precision (relative standard error exceeds 30 percent).

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

SOURCE: National Center for Health Statistics, 1979 Health Interview Survey; data reported in *Vital and Health Statistics*, Series 10, No. 137, table 9.

TABLE II.D.3

Highlights

- Among persons with one or more short-stay hospital episodes during a twelve-month period ending in 1979, those with chronic activity limitations spent an average of 18.6 days in the hospital, compared to 6.7 days for persons with no chronic activity limitations.

- Persons who were unable to carry on their major activity spent an average of 25.5 days in the hospital while persons limited in the amount or kind of major activity spent 15.9 days, and persons limited but not in their major activity spent 11.2 days.

- Within a given level of activity limitation, the number of hospital days per person showed no consistent relationship with age. The average number of hospital days did increase with age among persons with no activity limitation. The age relationship seen among all persons reflects this as well as the increasing percentage of persons who reported chronic activity limitations as age increased.

- On the whole, men with one or more hospital episodes spent an average of three more days in the hospital than did women. This difference was largely confined to persons 17-64 years of age; for all children and for the elderly, men and women were not statistically different in average hospital days per person.

- Among persons with activity limitations, men with hospital episodes spent an average of 21 days hospitalized, compare to 16.6 for women. Differences were most pronounced among persons under 45 and person unable to carry on their major activity.

- The pattern of sex differences in average days of hospitalization is the reverse of what was observed for the likelihood of having a hospital episode (table II.D.2). Women with serious activity limitations were more likely than men to have had one or more hospital episodes, but those who did spent less time in the hospital than did men.

Explanatory Notes

Table II.D.3 presents data from the 1979 National Health Interview Survey, conducted by the National Center for Health Statistics. For a brief description of the survey see the explanatory notes to table II.D.1.

The estimates of average annual hospital days in this table refer to persons with one or more short-stay hospital episodes, as reported in table II.D.2. A hospital episode is defined in the notes to table II.D.2. A hospital day is a day on which the patient stayed overnight.

Estimates of hospital days are based on respondents' reports for the twelve-month period preceding the interview. For episodes overlapping the beginning or end of the period, only those days falling within the period are counted.

For a definition of chronic activity limitations see the explanatory notes accompanying table I.B.1, which presents estimates of the total civilian noninstitutionalized population by activity limitation status, age and sex.

All of the tables in this section are based on the 1979 National Health Interview Survey. For other tables based on this same source see I.B.1, I.C.3 and I.C.4.

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TABLE II.D.3

AVERAGE ANNUAL NUMBER OF HOSPITAL DAYS PER PERSON WITH ONE OR MORE HOSPITAL EPISODES, BY CHRONIC ACTIVITY LIMITATION STATUS, SEX, AND AGE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979

Sex and age	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Both sexes						
All ages	10.6	6.7	18.6	11.2	15.9	25.5
Under 17 years	7.0	5.6	16.9	10.1	19.3	25.5
17-44 years	7.8	5.8	17.8	10.9	16.2	30.7
45-64 years	13.8	8.1	19.7	10.4	16.7	26.8
65 years and over	16.0	11.2	18.4	13.0	14.3	23.2
Male						
All ages	12.3	6.8	21.0	11.7	16.3	26.3
Under 17 years	7.1	5.1	20.7	10.6*	23.8	40.3*
17-44 years	10.5	6.6	22.4	10.7	17.1	37.8
45-64 years	15.1	7.8	22.2	11.1	17.3	27.5
65 years and over	16.3	10.3	19.1	16.4	11.0	22.0
Female						
All ages	9.5	6.6	16.6	10.8	15.7	23.8
Under 17 years	7.0	6.3	12.1	9.5*	12.7	15.8*
17-44 years	6.8	5.5	14.5	11.1	15.7	17.1
45-64 years	12.6	8.3	17.2	9.8	16.4	24.8
65 years and over	15.8	11.9	17.9	11.6	15.3	25.5

*Figure has how statistical reliability or precision (relative standard error exceeds 30 percent).

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

SOURCE: National Center for Health Statistics, 1979 Health Interview Survey; prepared from data reported in *Vital and Health Statistics*, Series 10, No. 137, Tables 8 and 9.

TABLE II.D.4

Highlights

- Persons with chronic activity limitations, representing 15 percent of the population, accounted for 137 million or 58 percent of the hospital days recorded by the civilian noninstitutionalized population in 1979.

- Persons unable to carry on their major activity, representing less than four percent of the population, accounted for 69 million hospital days—half the number attributable to all persons with chronic activity limitations and 30 percent of the number attributable to the entire civilian noninstitutionalized population.

- Women accounted for about 20 percent more hospital days than men. This difference was due almost entirely to the greater number of hospital days recorded by women 17-44 with no chronic activity limitations. Childbearing presumably accounted for most of this difference.

- The 137 million hospital days recorded by persons with chronic activity limitations were about equally divided between men and women. However, men accounted for more than twice as many hospital days among persons unable to carry on their major activity while women accounted for more than twice as many hospital days among persons limited in the amount or kind of major activity. This difference is consistent with the relative numbers of men and women included in these two categories of limitation.

- The elderly accounted for about 30 percent of all hospital days in short-stay hospitals.

Explanatory Notes

Table II.D.4 presents data from the 1979 National Health Interview Survey, conducted by the National Center for Health Statistics. For a brief description of the survey see the explanatory notes to table II.D.1.

A hospital day is a day on which a person stayed overnight as an inpatient. Only days in short-stay hospitals, as opposed to other facilities, are counted in this table. A short-stay hospital is defined in this context as any hospital or hospital department in which the type of service provided is general; maternity; eye, ear, nose, and throat; children's; or osteopathic. Hospital stays by healthy newborn infants are not included in the totals. Residents of long-term care facilities and other institutions are excluded from the survey. Most notable among this group are the four to five percent of adults 65 and older who reside in nursing homes.

Estimates of hospital days are based on respondents' reports for the twelve-month period preceding the interview. For episodes overlapping the beginning or end of the period, only those days falling within the period are counted.

For a definition of chronic activity limitations see the explanatory notes accompanying table I.B.1, which presents estimates of the total civilian noninstitutionalized population by activity limitation status, age and sex.

All of the tables in this section are based on the 1979 National Health Interview Survey. For other tables based on this same source see I.B.1, I.C.3 and I.C.4.

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TABLE II.D.4

TOTAL NUMBER OF HOSPITAL DAYS IN SHORT-STAY HOSPITALS, BY CHRONIC ACTIVITY LIMITATION STATUS, SEX, AND AGE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979

(thousands of hospital days)

Sex and age	All persons	With no limitation of activity	With limitation of activity: Total	With limitation of activity: Limited, but not in major activity[1]	With limitation of activity: Limited in amount or kind of major activity[1]	With limitation of activity: Unable to carry on major activity[1]
Both sexes						
All ages	235,747	99,054	136,693	13,608	54,285	68,800
Under 17 years	21,111	14,727	6,384	1,283	4,005	1,096
17-44 years	78,656	48,065	30,591	5,181	14,329	11,082
45-64 years	67,897	20,215	47,683	3,565	18,910	25,208
65 years and over	68,083	16,048	52,035	3,580	17,042	31,414
Male						
All ages	107,611	36,750	70,861	5,862	17,132	47,867
Under 17 years	11,981	7,626	4,355	720*	2,950	685*
17-44 years	29,949	14,083	15,866	1,940	4,961	8,964
45-64 years	36,053	9,197	26,856	1,903	6,016	18,937
65 years and over	29,630	5,845	23,785	1,299	3,205	19,281
Female						
All ages	128,135	62,303	65,832	7,746	37,153	20,933
Under 17 years	9,130	7,101	2,029	563*	1,055	411*
17-44 years	48,707	33,982	14,726	3,241	9,367	2,117
45-64 years	31,845	11,018	20,827	1,662	12,894	6,271
65 years and over	38,453	10,203	28,250	2,280	13.837	12,133

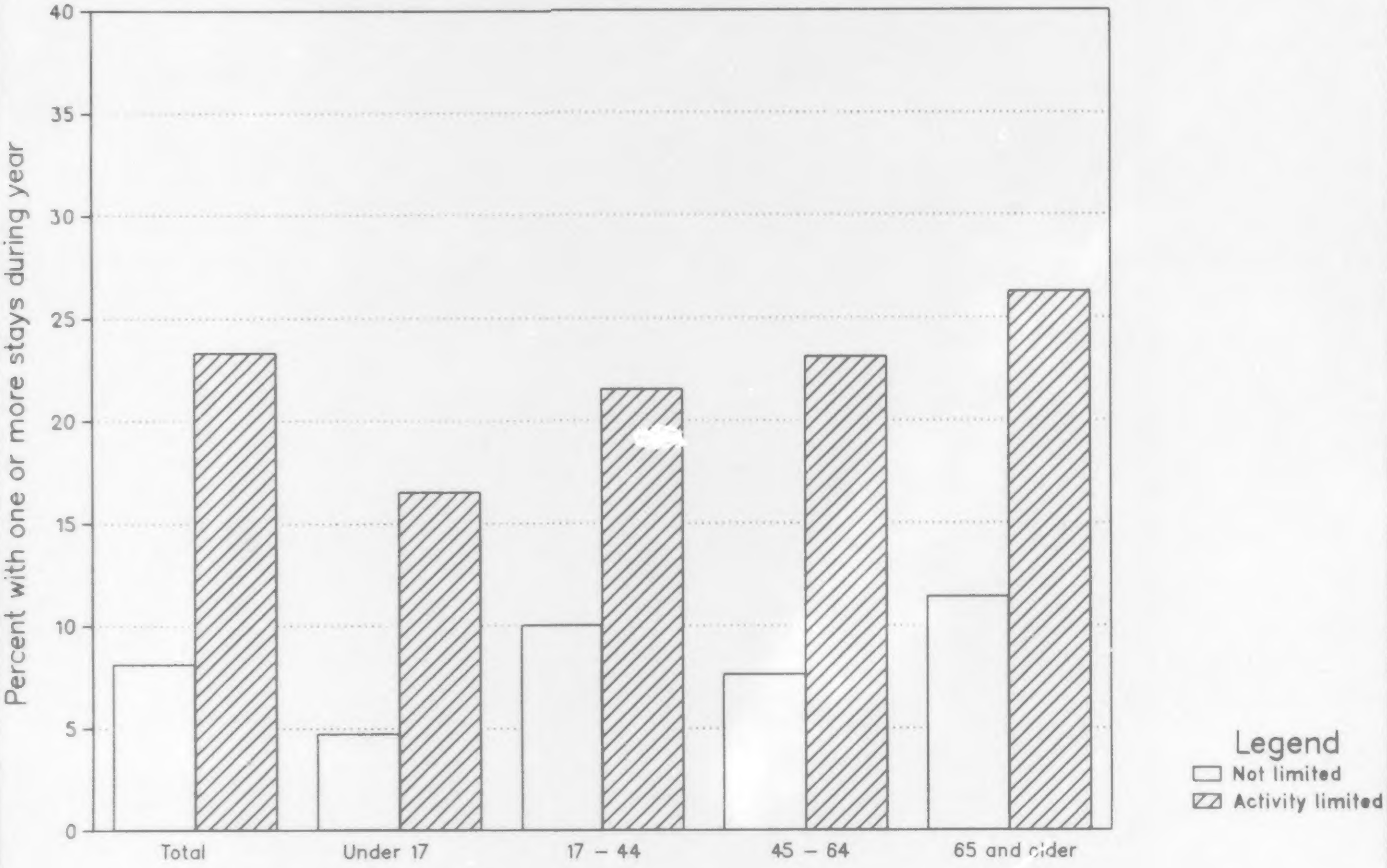
*Figure has how statistical reliability or precision (relative standard error exceeds 30 percent).

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

SOURCE: National Center for Health Statistics, 1979 Health Interview Survey data reported in *Vital and Health Statistics*, Series 10, No. 137, table 8.

Chart 5

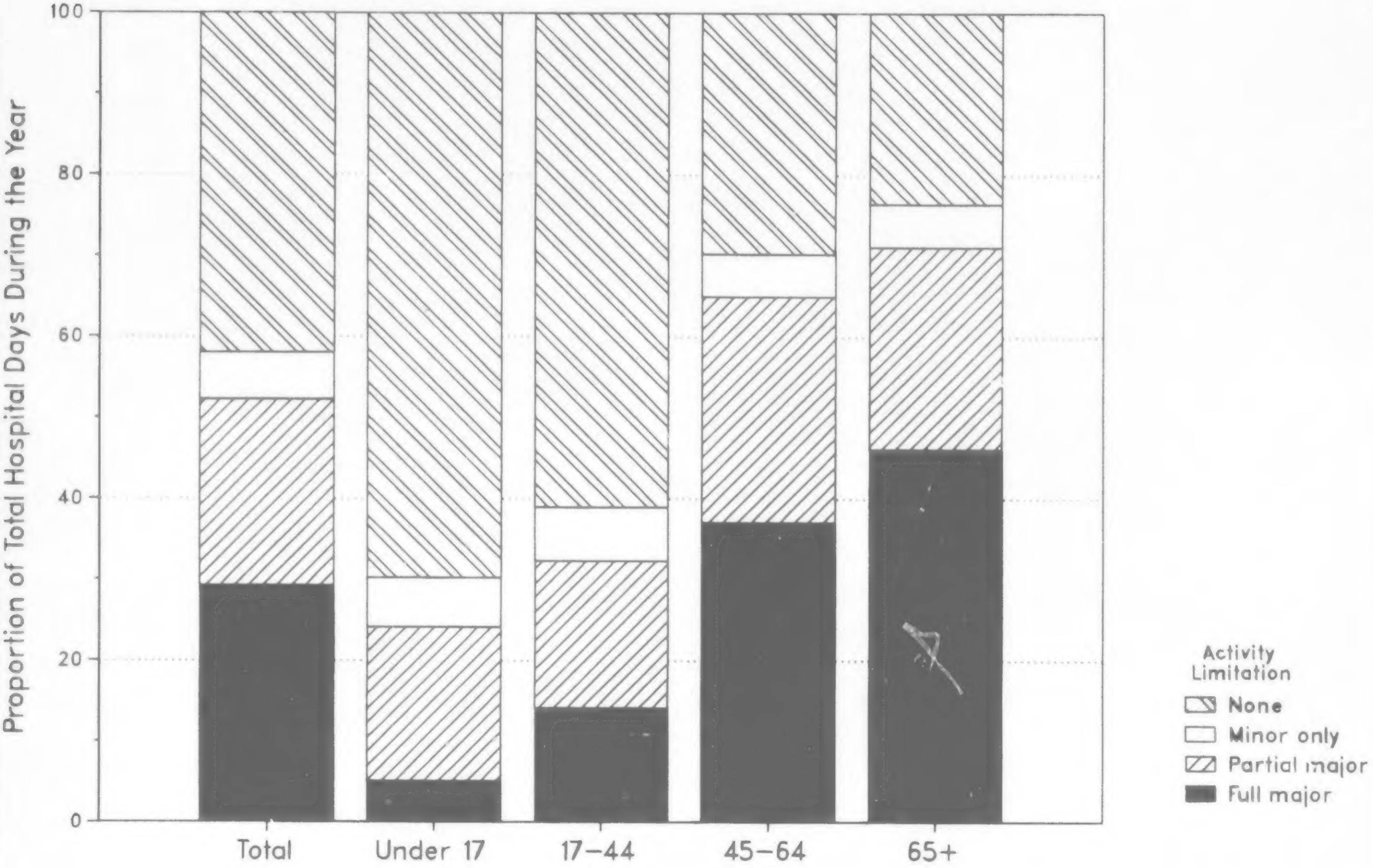
Persons With One or More Hospital Stays By Activity Limitation and Age, 1979



Source: See table II.D.2.

Chart 6

Proportion of Total Hospital Days By Activity Limitation and Age, 1979



Source: See table II.D.4.

SECTION III

FEDERAL PROGRAMS

A. SPECIAL EDUCATION

TABLE III.A.1

Highlights

- Close to four million handicapped children received special education in 1981-82 under the Education for All Handicapped Children Act (Public Law 94-142), which mandates a free and appropriate public education for all handicapped children. An additional 240,000 children were served under Public Law 89-313, which amended Title I of the Elementary and Secondary Education Act to authorize the use of Title I funds for the education of handicapped children in State owned or operated schools.

- The total handicapped children served represented 9.2 percent of the total school-age population (ages 5-17).

- Children 6-17 years of age accounted for 3.6 million of the beneficiaries of P.L. 94-142.

- Children classified as specific learning disabled were the largest group of special education students, numbering 1.6 million over the two programs or close to 40 percent of the total.

- Mentally retarded children (excluding the seriously and profoundly retarded, who are counted among the multi-handicapped) were the third largest group, numbering 780,000. The mentally retarded were the largest single category among children 18-21 served under P.L. 94-142 and by far the largest group served under P.L. 89-313.

- Children classified as seriously emotionally disturbed were the fourth largest group. At 340,000 they were more numerous than the remaining six categories combined.

- Children with hearing and visual impairments numbered a little over 100,000. One third of these children were served under P.L. 89-313.

- Children with multiple handicaps, which pose a particularly difficult problem for education, numbered over 70,000.

Explanatory Notes

Table III.A.1 presents data from December 1, 1981 child counts provided by the States to the U.S. Department of Education, Office of Special Education and Rehabilitative Services, as part of the reporting requirements under P.L. 94-142 and P.L. 89-313. The figures include children served under these programs in Puerto Rico, American Samoa, Guam, the Northern Marianas, Trust Territories and the Virgin Islands. Table V.2 below reports totals by State for the 50 States and the District of Columbia.

The purpose of P.L. 94-142 (amendments to the Education of the Handicapped Act, P.L. 91-230) is to provide grants to States to help defray the excess costs of educating the handicapped; and to assist States in expanding and improving special education and related services for handicapped children at the preschool, elementary, and secondary levels.

The purpose of the Aid to States P.L. 89-313 program (amendments to Title I, Elementary and Secondary Education Act, which has in turn been incorporated by Chapter 1 of the Education consolidation and Improvement Act of 1981) administered by the Department of Education, is to provide grants to State Education Agencies to aid handicapped children in State supported and State operated schools. These State schools are located in institutions, hospitals, and other public and private facilities, most of which provide residential treatment in addition to education. P.L. 89-313 provides funds for acquisition of equipment as well as funds for construction of facilities. The primary emphasis is to fund institutions which provide special education for children with all types of handicapping conditions.

The category "multi-handicapped" includes multiple impairments other than deaf-blind. It also includes severe or profound mental retardation. Multiple handicaps create such severe problems for education that they cannot be accommodated in programs designed for individual impairments.

The category "other health impairments" includes children with limited strength, vitality or alertness due to a chronic or acute health problem, where these conditions adversely affect educational performance.

The school-age population with which the counts of handicapped children are compared (column 2) is the civilian noninstitutional population ages 5-17 in October 1981, as estimated by the U.S. Bureau of the Census. This population numbered 45.8 million. While the counts of children served under P.L. 94-142 and P.L. 89-313 include children 3-4 and 18-21 years of age, participation among these age groups is relatively low. Limiting the base population to ages 5-17 yields more accurate estimates of the prevalence of individual handicaps among children than would the use of a base population 3-21. The base population could be limited still further to public elementary and secondary school students, of which there were 40.2 million in the fall of 1981. This would raise the estimated proportion being served to 10.5 percent. However, if handicapped children have lower drop-out rates than public school children generally, and if they are more likely to be in public versus private schools than are all children 5-17, then the broader base population yields more precise estimates of the prevalence rates of handicaps.

TABLE III.A.1

NUMBER OF CHILDREN SERVED UNDER THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT AND AID TO STATES FOR HANDICAPPED CHILDREN, BY HANDICAPPING CONDITION: 1981-1982 SCHOOL YEAR

Handicapping condition	Total handicapped children served		Education for All Handicapped Children[1]				Aid to States[2]
	Number of children	Percent of school age population[3]	Total children	Children 3-5 years	Children 6-17 years	Children 18-21 years	Total children
Total	4,202,831	9.17	3,961,711	226,535	3,584,314	150,862	241,120
Specific learning disabled	1,624,989	3.55	1,606,199	20,272	1,536,190	49,737	18,790
Speech impaired	1,136,309	2.48	1,122,676	159,406	957,528	5,742	13,633
Mentally retarded	786,775	1.72	683,771	16,968	598,599	68,204	103,004
Seriously emotionally disturbed	339,629	0.74	301,231	5,562	283,805	11,864	38,398
Orthopedically impaired	57,967	0.13	46,584	6,297	36,796	3,491	11,383
Deaf and hard of hearing	74,694	0.16	48,711	5,162	41,118	2,431	25,983
Visually handicapped	29,174	0.06	19,146	1,562	16,649	935	10,028
Deaf and blind	2,486	0.01	1,286	181	1,027	78	1,200
Multi-handicapped	71,289	0.16	56,568	7,957	44,195	4,416	14,721
Other health impaired	79,519	0.17	75,539	3,168	68,407	3,964	3,980

[1] P.L. 94-142; provides assistance to State education agencies for services to handicapped children in public schools.

[2] P.L. 89-313; provides assistance to State-operated schools, including public institutions, and can include acquisition of equipment and construction funds.

[3] Base is 45,814,000, the Census Bureau's estimate of the civilian noninstitutional population ages 5-17 in October 1981.

SOURCE: Office of Special Education and Rehabilitative Services, U.S. Department of Education; statistics reported by State agencies under P.L. 94-142 and P.L. 89-313; published in *Fifth Annual Report to Congress on the Implementation of Public Law 94-142*, 1983, appendix 2.

TABLE III.A.2

Highlights

- During the 1980-81 school year, 68 percent of the handicapped children served under the Education for All Handicapped Children Act (P.L. 94-142) and P.L. 89-313 received special education in regular school classes. Twenty-five percent were assigned to separate classes; six percent were served in separate schools; and a little over one percent received publicly funded special education in other environments.

- The distribution of children by educational environments varied significantly by handicapping condition. Ninety-four percent of speech impaired children and 80 percent of the specific learning disabled were served in regular classes, whereas fewer than one-third of the mentally retarded, orthopedically impaired, deaf and blind, and multi-handicapped children were served in that environment.

- Fifty-seven percent of the mentally retarded children were served in separate classes.

- With the exception of specific learning disabled, speech impaired and visually handicapped children, one-third or more of each group attended separate classes for special education.

- Only deaf and blind children were more often educated in separate schools than in any other environment. However, nearly one quarter of the deaf and hard of hearing or multi-handicapped children attended separate schools.

- Only ortnopedically impaired, deaf and blind, and other health impaired children were served in "other environments" to any significant degree. These other environments included hospitals as well as other public and private facilities.

Explanatory Notes

Table III.A.2 presents data compiled from States' end-of-year reports for the 1980-81 school year, as submitted to Special Education Programs within the U.S. Department of Education, Office of Special Education and Rehabilitative Services.

The table presents the distribution of students by type of educational environment within each of ten categories of handicapping condition. Total numbers of students are not reported in the table. Totals for December 1981 are reported in table III.A.1. The distribution of students by educational environment is not likely to have changed significantly between the two years.

For a description of the purposes of P.L. 94-142 and P.L. 89-313, see the notes to table III.A.1.

TABLE III.A.2

TYPE OF EDUCATIONAL ENVIRONMENT FOR CHILDREN SERVED UNDER THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT AND AID TO STATES FOR HANDICAPPED CHILDREN BY HANDICAPPING CONDITION, 1980-1981 SCHOOL YEAR

Handicapping condition	Total children served	Type of educational environment			
		Regular classes	Separate classes	Separate schools	Other environments
Total	100.0	67.8	25.0	5.8	1.4
Specific learning disabled	100.0	80.3	18.1	1.4	0.2
Speech impaired	100.0	94.5	4.0	1.2	0.3
Mentally retarded	100.0	30.2	57.0	12.2	0.6
Seriously emotionally disturbed	100.0	40.0	41.5	15.6	2.9
Orthopedically impaired	100.0	30.1	37.6	15.8	16.5
Deaf and hard of hearing	100.0	37.6	37.8	23.5	1.1
Visually handicapped	100.0	57.6	24.0	16.6	1.8
Deaf and blind	100.0	10.4	38.4	42.3	8.9
Multi-handicapped	100.0	31.2	40.2	23.2	5.4
Other health impaired	100.0	37.4	36.1	7.9	18.6

SOURCE: Office of Special Education and Rehabilitative Services, U.S. Department of Education; statistics reported by state agencies under P.L. 94-142; published in *Fifth Annual Report to Congress on the Implementation of Public Law 94-142,* appendix 2.

TABLE III.A.3

Highlights

- Out of the nearly 40 million students enrolled in public elementary and secondary schools in the fall of 1980, 3.2 million handicapped children (about 8 percent of all students) were receiving special education and related services.

- Three million of these were assigned to one of five classifications: specific learning disabled, speech impaired, educable mentally retarded, trainable mentally retarded, and seriously emotionally disturbed. All other handicapping conditions (see table III.A.1) accounted for only 223,000 additional students.

- Black students, representing 16 percent of total public school enrollment, accounted for 39 percent of the educable mentally retarded, 28 percent of the trainable mentally retarded, and 25 percent of the seriously emotionally disturbed.

- Of the other minorities, Hispanic and Asian students were heavily underrepresented among the educable mentally retarded. American Indians appeared to be slightly overrepresented, but this result is probably not statistically significant.

- Hispanics were also underrepresented among the seriously emotionally disturbed and speech impaired.

- Asians and Pacific Islanders were heavily underrepresented in all five classifications for which racial/ethnic composition was reported. Overall, Asians and Pacific Islanders were 1.9 percent of public school enrollment but only .9 percent of the special education students in the five categories.

Explanatory Notes

Table III.A.3 presents data from the fall 1980 Elementary and Secondary Schools Civil Rights Survey, conducted by the U.S. Department of Education, Office for Civil Rights. The data are based on sample surveys of approximately 5,000 school districts and 51,000 individual schools.

The universe of students covered by the Elementary and Secondary Schools Civil Rights Survey is smaller than that for State statistics reported in table III.A.1, and this could account for most of the nearly one million student difference between the two estimates of handicapped students receiving special education. Handicapped students in special schools and outside the public school age range are undercounted in the Civil Rights Survey while students outside the 50 States and the District of Columbia are not counted at all. Other methodological differences may play a role as well.

The Civil Rights Survey is the only source of data on the race/ethnicity of special education students. Such information is collected only for students in five classifications: specific learning disabled, speech impaired, educable mentally retarded, trainable mentally retarded, and seriously emotionally disturbed. However, these five categories constitute 93 percent of the special education students identified in the survey.

TABLE III.A.3

RACIAL/ETHNIC COMPOSITION OF TOTAL PUBLIC SCHOOL ENROLLMENT AND SPECIAL EDUCATION ENROLLMENT: FALL 1980

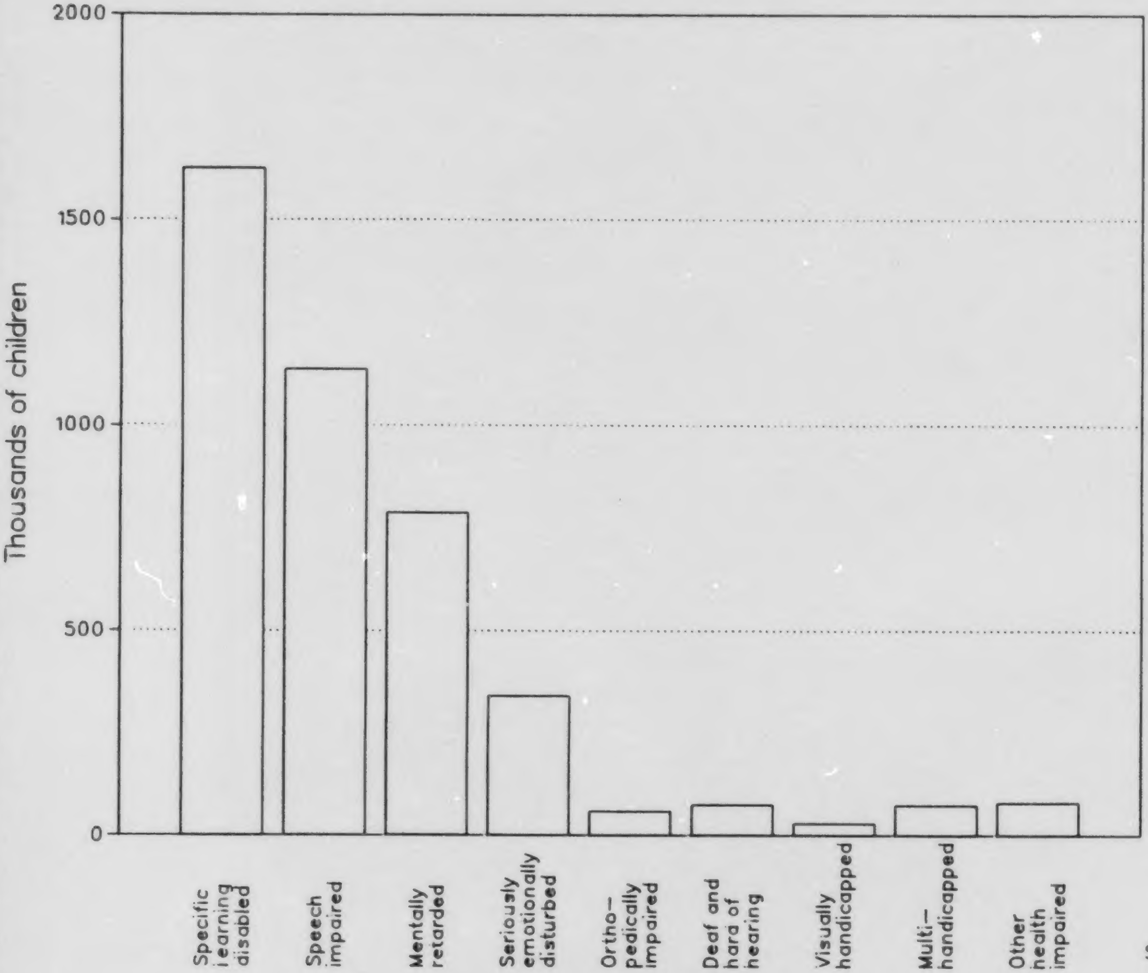
Racial/ethnic classification	Total public school enrollment	Students receiving special education								All other handicapping conditions
			Judgmental classifications							
		Total	Total	Specific learning disabled	Speech impaired	Educable mentally retarded	Trainable mentally retarded	Seriously emotionally disturbed		
Total number (in thousands)	39,833	3,222	2,999	1,261	904	556	95	183		223
White, not of Hispanic origin	29,180	NA	2,113	934	688	309	59	123		NA
Minority	10,652	NA	886	327	216	247	36	60		NA
Black, not of Hispanic origin	6,418	NA	625	201	137	215	26	46		NA
Hispanic	3,179	NA	207	102	60	25	7	12		NA
American Indian or Alaskan Native	306	NA	26	12	6	5	1	1		NA
Asian or Pacific Islander	749	NA	28	11	14	2	1	1		NA
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		100.0
White, not of Hispanic origin	73.3	NA	70.5	74.1	76.1	55.5	62.6	NA		
Minority	26.7	NA	29.5	25.9	23.9	44.5	37.5	32.9		NA
Black, not of Hispanic origin	16.1	NA	20.8	16.0	15.1	38.7	27.6	25.2		NA
Hispanic	8.0	NA	6.9	8.1	6.6	4.5	7.8	6.5		NA
American Indian or Alaskan Native	0.8	NA	0.9	1.0	0.7	0.9	0.9	0.8		NA
Asian or Pacific Islander	1.9	NA	0.9	0.8	1.5	0.4	1.2	0.4		NA

NA: Not available.

SOURCE: Office for Civil Rights, U.S. Department of Education, *1980 Elementary and Secondary Schools Civil Rights Survey, National Summaries*, table 1.

Chart 7

Handicapped Children Receiving Special Education, Fall 1981



Source: See table III.A.1.

B. OTHER DISABILITY PROGRAMS

TABLE III.B.1

Highlights

- The number of disabled workers receiving Social Security Disability Insurance (DI) benefits grew from 150,000 in 1957 to a peak of 2.88 million in 1978—nearly a twenty-fold increase. The number of beneficiaries declined for the first time between 1978 and 1979 and dropped each year thereafter. In 1982 there were 2.60 million beneficiaries.

- The percentage of beneficiaries who are female rose from 19.1 percent to 32.9 percent between 1957 and 1982.

- The average age of DI beneficiaries declined from 59.1 in 1957 to 53.2 in 1976. However, more than half of this decline occurred during the two years following the 1960 extension of eligibility to disabled workers under age 50. The average age of beneficiaries did not change between 1976 and 1980.

- The percentage of beneficiaries under age 40 grew from zero prior to 1960 to 13.0 in 1980, with two-thirds of that growth occurring in the first few years after the expansion of eligibility.

- Average monthly benefits rose from $72.76 to $440.60 in current dollars between 1957 and 1982. Over this same period benefits showed a real increase (that is, adjusted for inflation), as measured in 1982 dollars, from $249.10 to $440.60.

- Average monthly benefits to women increased by almost 50 percent in real dollars between 1957 and 1981: from $238.80 to $348.10. Average benefits to men increased by nearly 100 percent over the same period: from $251.50 to $481.40.

Explanatory Notes

Table III.B.1 presents data compiled from Social Security Administration program statistics on Disability Insurance. The Disability Insurance program provides benefits to disabled workers under age 65 who are unable to engage in any substantial gainful activity as the result of a chronic mental or physical impairment. Survivors and/or dependents of a disabled worker may be entitled to benefits as well, but the statistics presented here reflect only disabled workers. At age 65, disability benefits are converted to retirement benefits, so the figures in the table include no disabled persons 65 or older. The statistics include beneficiaries residing outside the 50 States and the District of Columbia.

Table III.B.3 below presents numbers and average benefit amounts for new and continuing beneficiaries, by age, in 1980. Table III.B.4 provides a distribution of initial awards in 1978 by diagnostic group and age. Table V.3 presents State-specific estimates of disabled workers receiving Disability Insurance benefits in December 1980.

TABLE III.B.1

NUMBER AND AVERAGE MONTHLY AMOUNT OF SOCIAL SECURITY DISABILITY INSURANCE BENEFITS PAID TO DISABLED WORKERS, BY SEX: 1957-1982

Year	Disabled workers receiving benefits				Average monthly benefit amount			
	Number in thousands	Percent female	Average age	Percent under 40	Current dollars	Constant (1982) dollars		
					Total	Total	Men	Women
1957	150	19.1	59.1	0.0[1]	72.80	249.10	251.50	238.80
1958	238	20.1	59.2	0.0[1]	82.10	273.60	283.20	235.30
1959	334	21.0	59.1	0.0[1]	89.00	294.20	305.50	251.70
1960	455	21.8	57.2	3.7	89.30	290.60	301.70	250.70
1961	618	22.0	55.8	7.8	89.60	288.50	299.20	250.90
1962	741	23.1	54.6	8.4	90.00	286.70	297.80	249.50
1963	827	23.9	56.1	8.4	90.60	285.10	296.80	248.30
1964	894	24.6	54.6	8.1	91.10	283.10	295.00	246.60
1965	988	25.7	54.6	7.9	97.80	298.60	311.90	260.40
1966	1,097	26.3	54.7	7.7	98.10	291.20	304.70	253.70
1967	1,193	26.9	54.7	7.4	98.40	284.10	297.70	247.20
1968	1,295	27.5	54.5	8.2	111.90	309.80	325.20	269.10
1969	1,394	28.0	54.3	8.9	112.70	296.30	311.90	256.30
1970	1,493	28.4	54.2	9.2	131.30	325.80	344.00	279.90
1971	1,648	28.7	54.1	9.6	146.50	348.60	369.40	296.90
1972	1,833	29.1	54.1	9.7	179.30	413.00	439.50	348.20
1973	2,017	29.7	54.1	9.8	183.00	396.80	424.50	331.10
1974	2,237	30.7	54.0	10.4	205.70	401.90	432.40	333.10
1975	2,489	31.3	53.8	11.3	225.90	404.40	437.40	331.80
1976	2,670	31.7	53.2	11.8	245.20	415.00	450.60	338.20
1977	2,837	32.0	53.2	12.1	265.30	421.80	459.50	341.40
1978	2,880	32.2	53.2	12.4	288.30	426.00	465.50	343.00
1979	2,871	32.4	53.2	12.6	322.00	426.90	467.50	342.40
1980	2,859	32.6	53.2	13.0	370.70	433.10	475.30	346.00
1981	2,777	32.6	NA	NA	413.20	437.90	481.40	348.10
1982	2,604	32.9	NA	NA	440.60	440.60	NA	NA

NA: Statistic not available.

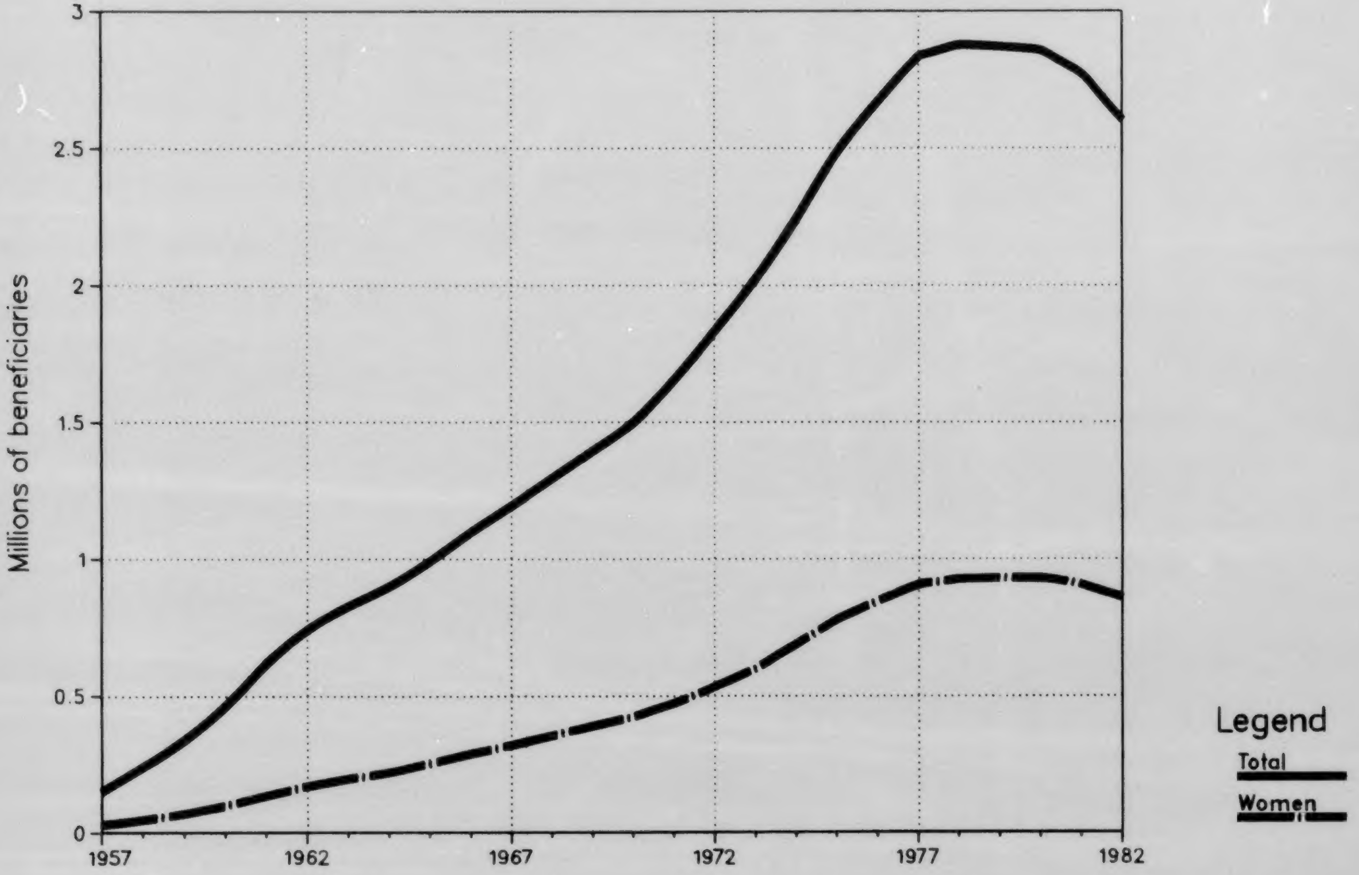
NOTE: Numbers represent benefits in current payment status at end of year. Amounts represent average monthly benefits payable to disabled workers at end of year. Benefit amounts in constant dollars were computed by dividing the reported current dollar amounts in each year by the Consumer Price Index for Urban Wage Earners and Clerical Workers for that year, expressed relative to 1982 dollars. Amounts have been rounded to the nearest ten cents.

[1] Prior to 1960, disabled workers under age 50 were not eligible for Disability Insurance benefits.

SOURCE: Social Security Administration, *Social Security Bulletin, Annual Statistical Supplement, 1981*, tables 95 and 97, and *Social Security Bulletin* (June 1983), tables M-13 and Q-2.

Chart 8

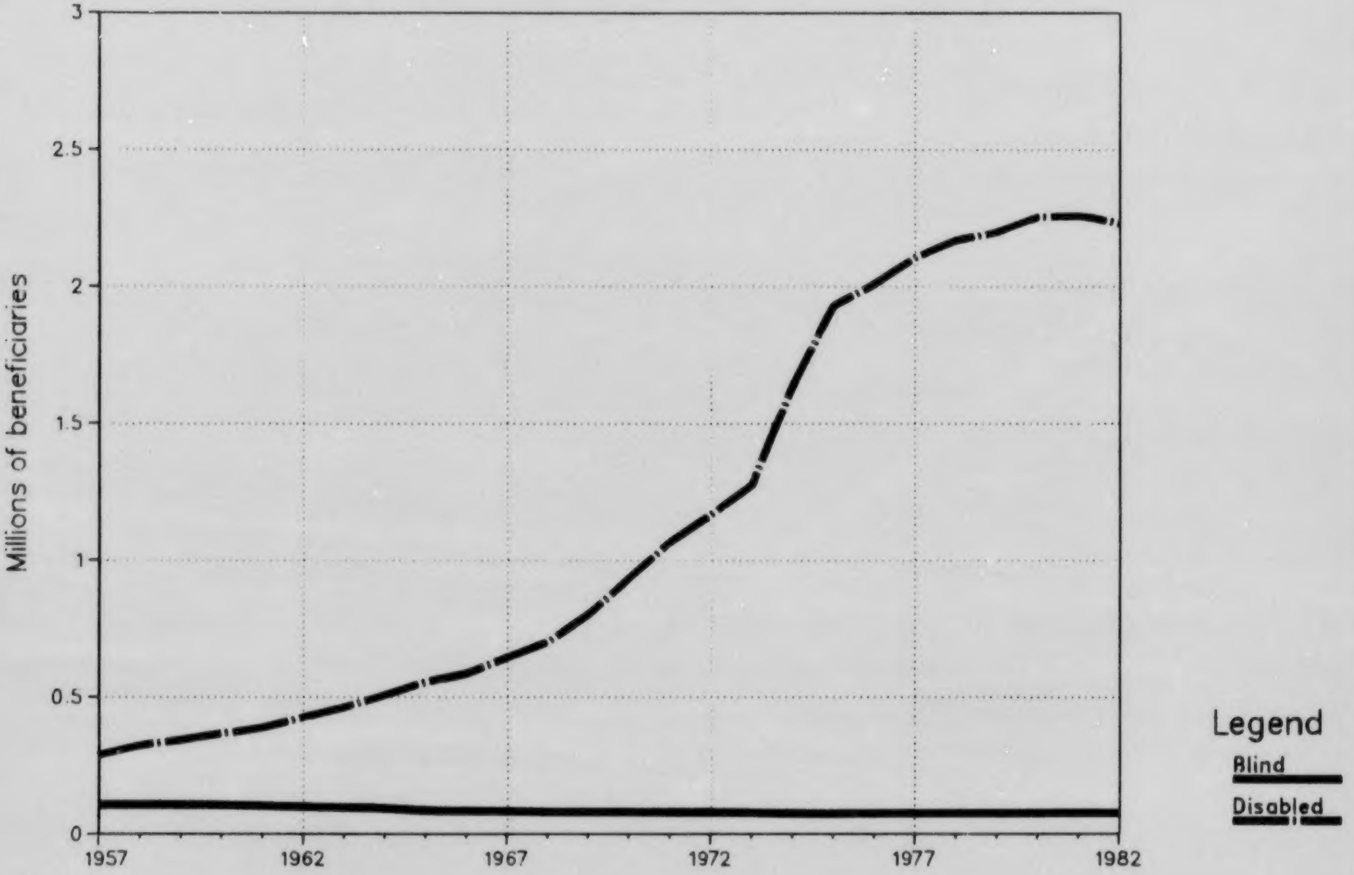
Social Security Disability Insurance Beneficiaries, 1957–1982



Source: See table III.B.1.

Chart 9

Blind and Disabled Beneficiaries of Supplemental Security Income and Its Predecessors, 1957–1982



Source: See table III.B.2.

TABLE III.B.2

Highlights

- The number of blind persons receiving Aid to the Blind declined from 110,000 in 1958 to 78,000 in 1973, when the program was superseded by Supplemental Security Income (SSI).
- Blind recipients of SSI grew slightly in number from 75,000 in 1974 to 79,000 in 1981, then declined to 77,000 by December 1982.
- The net growth in blind SSI recipients between 1974 and 1981 was due entirely to an increase in the number of child beneficiaries; adult beneficiaries were at equal numbers in 1974 and 1981.
- The number of disabled persons receiving Aid to the Permanently and Totally Disabled grew without interuption from 290,000 in 1957, the year Social Security Disability Insurance began paying benefits, to 1.28 million in 1973, when Aid to the Disabled was superseded by SSI.
- Recipients of SSI for the disabled grew steadily in number from 1.64 million in 1974 to 2.26 million in 1981. Nearly half of this growth occurred between 1974 and 1975, however. The number of beneficiaries fell by 31,000 to 2.23 million between 1981 and 1982.
- The number of disabled children receiving SSI increased more than threefold between 1974 and 1981. After showing only modest growth between 1980 and 1981, the number of beneficiaries fell back to its 1980 level of 222,000 in December 1982.
- Average monthly benefits to the blind rose gradually in constant (1982) dollars from $213 in 1957 to a pre-SSI peak of $261 in 1967. Benefits hovered somewhat below that level for the next several years.
- Average monthly benefits to the disabled rose in constant dollars from $179 in 1957 to a pre-SSI peak of $244 in 1972.
- Average benefits to both the blind and disabled appeared to rise between $30 and $40 with the initiation of SSI payments in 1974. Part of this rise may reflect the exclusion of beneficiaries outside the 50 States from the time series at that point.
- Real benefits to both the blind and disabled declined after 1974, except for a precipitous rise in 1979 that disappeared almost as rapidly. Average benefits in 1982 were $242 for the blind and $229 for the disabled; both amounts are comparable to 1978 levels.

Explanatory Notes

Table III.B.2 presents data compiled from Social Security Administration program statistics for Supplemental Security Income (SSI) and two of its predecessors: Aid to the Blind and Aid to the Permanently and Totally Disabled. The SSI program provides monthly payments to aged, blind or disabled persons who have little or no income and countable resources. The table includes only those SSI beneficiaries classified as blind or disabled. In contrast to Social Security Disability Insurance (see table III.B.1), the SSI program does not reclassify blind and disabled recipients as aged when they reach age 65. Moreover, disabled or blind children as well as adults may be eligible for SSI. Beneficiaries identified as children in the table are unmarried and either under age 18 or aged 18-21 and regularly attending school.

The figures for 1957 through 1973 represent beneficiaries of Aid to the Blind and Aid to the Permanently and Totally Disabled. These statistics include residents of Guam, Puerto Rico and the Virgin Islands. The SSI program superseded these earlier programs in January 1974 in the 50 States and D.C. The statistics for 1974 through 1977 cover this geographic area only. Residents of the Northern Mariana Islands became eligible for SSI in 1978; they are included in the statistical series from 1978 through 1982. Because of these differences in geographic coverage, caution is advised in comparing caseloads and average benefits over time.

Beneficiaries under SSI receive a Federal payment and/or a State supplement. State supplements may be federally or State administered. This table includes recipients of Federal payments and/or federally administered State supplementation. Recipients of State administered supplements only (less than one percent of all blind and disabled SSI beneficiaries in December 1982) are excluded from the statistics presented here.

Table III.B.3 presents the distribution of SSI beneficiaries in December 1982 by age. Table III.B.4 provides a distribution of initial awards in 1977 by diagnostic group. Table V.3 below presents State-specific estimates of blind and disabled persons receiving SSI in December 1982.

TABLE III.B.2

BENEFITS PAID TO BLIND AND DISABLED PERSONS UNDER THE AID TO THE BLIND, AID TO THE PERMANENTLY AND TOTALLY DISABLED, AND SUPPLEMENTAL SECURITY INCOME PROGRAMS: 1957-1982

Year[1]	Persons receiving benefits (thousands)						Average monthly benefit amounts			
	Total		Adults		Children		Current dollars		Constant (1982) dollars	
	Blind	Disabled	Blind	Disabled	Blind	Disabled	Blind	Disabled	Blind	Disabled
1957	108	290	NA	NA	NA	NA	62.20	52.40	212.90	179.20
1958	110	325	NA	NA	NA	NA	63.60	53.80	211.80	179.30
1959	108	346	NA	NA	NA	NA	65.60	54.20	216.90	179.00
1960	107	369	NA	NA	NA	NA	67.50	56.20	219.50	182.70
1961	103	389	NA	NA	NA	NA	68.00	57.00	219.20	183.70
1962	99	428	NA	NA	NA	NA	72.00	58.50	229.20	186.40
1963	97	464	NA	NA	NA	NA	74.00	59.80	232.80	188.40
1964	95	509	NA	NA	NA	NA	76.20	62.20	236.60	193.40
1965	85	557	NA	NA	NA	NA	81.40	66.50	248.50	203.10
1966	84	588	NA	NA	NA	NA	86.80	74.80	257.90	221.90
1967	83	646	NA	NA	NA	NA	90.40	80.60	261.00	232.60
1968	81	702	NA	NA	NA	NA	92.20	82.60	255.20	228.90
1969	81	803	NA	NA	NA	NA	98.80	90.20	259.50	237.10
1970	81	935	NA	NA	NA	NA	104.40	97.60	258.90	242.30
1971	80	1,068	NA	NA	NA	NA	106.50	102.20	253.40	243.30
1972	80	1,168	NA	NA	NA	NA	112.80	106.10	259.90	244.40
1973	78	1,275	NA	NA	NA	NA	112.00	109.80	242.80	238.00
1974	75	1,636	72	1,568	3	68	140.60	142.00	274.70	277.40
1975	74	1,933	70	1,809	4	124	146.60	141.20	262.40	252.70
1976	76	2,012	71	1,864	5	148	152.80	145.50	258.60	246.30
1977	77	2,109	72	1,939	5	170	159.20	150.40	253.10	239.10
1978	77	2,172	71	1,980	6	192	164.40	154.80	242.90	228.80
1979	77	2,201	71	1,995	6	206	212.30	181.70	281.40	240.90
1980	78	2,256	71	2,034	7	222	213.20	197.90	249.10	231.20
1981	79	2,262	72	2,039	7	223	227.70	214.50	241.30	227.30
1982	77	2,232	70	2,010	7	222	241.60	229.00	241.60	229.00

NA: Statistic not available.

[1] Figures for 1957 through 1973 represent benefits payable in December under Aid to the Blind and Aid to the Permanently and Totally Disabled. These programs were superseded in January 1974 by Supplemental Security Income (SSI) in the 50 States and the District of Columbia. Figures for 1974 throgh 1982 represent federally administered SSI benefits payable in December. They exclude benefits still payable under the other two programs outside the 50 States and D.C.

[2] Benefit amounts in constant dollars were computed by dividing the reported current dollar amounts in each year by the Consumer Price Index for Urban Wage Earners and Clerical Workers for that year, expressed relative to 1982 dollars. Amounts have been rounded to the nearest ten cents.

SOURCE: Social Security Administration, *Social Security Bulletin, Annual Statistical Supplement, 1982*, tables 171, 173 and 181, and *Annual Statistical Supplement, 1973*, tables 142 and 144.

TABLE III.B.3

Highlights

- During 1980 there were 397,000 new awards of Social Security Disability Insurance (DI) benefits to disabled workers.

- Two-thirds of the new awards went to workers 50 and older: 40 percent to workers 50-59 and 27 percent to workers 60 and older. Only eight percent of the new awards went to workers under 30 years of age.

- Of the 397,000 new awards, 275,000 or 69 percent were granted to men, who represented about 60 percent of the work force. The age distributions of male and female new beneficiaries were virtually identical.

- The average monthly benefit to new beneficiaries in 1980 was $406. Benefit payments to workers 30 and older varied little by age, with the lowest average payments occurring at ages 40-59. Benefit payments to workers under 30 were markedly smaller.

- The average monthly benefit to new beneficiaries was $449 for men and $308 for women. The largest gap occurred among workers 50-59: men received $455 on average while women received $297. The smallest gap occurred at ages 18-21: men received $243 compared to $211 for women.

- There were 2.9 million disabled workers receiving DI benefits in December 1980. Compared to new beneficiaries, the total beneficiaries were somewhat older, with only four percent being under 30 and 34 percent 60-64 years of age. Female beneficiaries were very slightly older than male.

- The average monthly benefit paid to all beneficiaries in December 1980 was $371, or $35 less than that paid to new beneficiaries during the year. The difference among male beneficiaries was $43 while the difference among females was only $12.

- The greatest differences in monthly benefit amounts between new and total recipients occurred among men 40 and older, where new awardees received an average of $50 more than total recipients. These differences may reflect the higher pre-disability earnings of recent awardees.

- Blind and disabled Supplemental Security Income (SSI) beneficiaries differ in their age composition from DI recipients in two respects. The SSI recipients include persons 65 and older and they include proportionately more young beneficiaries. One quarter of both the blind and disabled SSI beneficiaries were under the age of 30 in 1980, compared to only four percent of DI beneficiaries.

- Blind SSI beneficiaries included a much larger fraction of elderly persons than did the SSI disabled; 31 percent of the blind were 65 and older, and nearly half of these were above 75. While 18 percent of the SSI disabled were 65 and older, only .4 percent were 75 and above.

Explanatory Notes

Table III.B.3 presents data compiled from Social Security Administration records on the DI and SSI programs. For a description of these programs see the notes accompanying tables III.B.1 and III.B.2. The statistics above reflect some of the differences in the target populations of the DI and SSI programs. Recipients of DI are workers under age 65. Eligibility and benefit amounts are based on prior covered employment. Recipients of SSI may be of any age, with eligibility being restricted to persons with low income and assets. Relative to DI, the SSI eligibility rules provide greater coverage to younger disabled adults, who may have had little or no work experience. Some persons may qualify for and receive both SSI and DI benefits.

For additional tables on the DI and SSI blind and disabled populations see III.B.4 and V.3.

TABLE III.B.3

NUMBER AND AVERAGE MONTHLY AMOUNT OF SOCIAL SECURITY DISABILITY INSURANCE BENEFITS PAID TO DISABLED WORKERS, AND NUMBER OF SUPPLEMENTAL SECURITY INCOME BENEFITS PAID TO THE BLIND AND DISABLED, BY AGE AND SEX: 1980

Age	Social Security Disability Insurance												Supplemental Security Income recipients December 1980	
	New awards to disabled workers during 1980						Benefits in current-payment status December 1980							
	Recipients			Average monthly amount			Recipients			Average monthly amount				
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Blind	Disabled
Total[1]	396.6	275.2	121.4	$406.3	$449.4	$308.5	2,858.7	1,928.0	930.6	$370.7	$406.8	$296.1	78.4	2,255.8
Total percent	100.0	100.0	100.0	...	...	...	100.0	100.0	100.0	...	...	...	100.0	100.0
Under 18	...	...	...	...	...	...	...	...	...	...	...	...	7.3	8.2
18-21	1.3	1.4	1.1	234.6	243.1	211.0	0.3	0.3	0.2	231.1	237.8	211.8	5.0	5.1
22-29	6.7	6.9	6.3	355.1	371.4	314.3	3.7	3.9	3.2	342.1	356.1	307.3	12.5	11.3
30-39	9.7	9.7	9.7	433.8	463.1	367.2	9.1	9.6	8.2	406.5	424.4	363.1	9.7	10.7
40-49	14.8	14.4	15.7	403.7	451.2	304.5	14.4	14.9	13.5	373.5	404.7	302.1	9.3	11.3
50-59	40.1	39.3	41.9	404.6	455.4	296.7	38.8	38.3	39.8	362.1	401.6	283.3	15.1	21.4
60-64	25.7	26.5	23.8	420.9	464.8	310.2	33.7	33.1	35.0	374.0	415.9	292.0	9.6	14.5
65-69[2]	1.7	1.8	1.5	422.0	460.2	321.5	...	...	...	...	...	...	9.6	12.8
70-74	...	...	...	...	...	...	...	...	...	...	...	...	7.0	4.3
75-79	...	...	...	...	...	...	...	...	...	...	...	...	4.8	0.3
80 and older	...	...	...	...	...	...	...	...	...	...	...	...	10.0	0.1

... Category not applicable.

[1] Numbers of recipients are expressed in thousands.

[2] New awards to disabled workers include awards to persons age 65 or older at award but whose first month of entitlement preceded the attainment of age 65. These awards are converted to old age benefits when assigned to current-payment status.

SOURCE: Social Security Administration, *Social Security Bulletin, Annual Statistical Supplement, 1980*, tables 165 and 166, and *Annual Statistical Supplement, 1982*, table 54.

TABLE III.B.4

Highlights

- Diseases of the circulatory system were the single largest diagnostic group among new recipients of Social Security Disability Insurance (DI) in 1977, accounting for nearly 30 percent of the 569,000 new cases.

- Musculoskeletal conditions were the next largest group at 19 percent, followed by mental disorders at 12 percent and neoplasms (tumors) at 10 percent.

- The distribution of new DI beneficiaries by diagnostic group varied significantly by age. Mental disorders were the most common diagnostic group among beneficiaries under 35, accounting for 38 percent of the 66,000 new awards. Accidents accounted for another 16 percent of the youngest group, and musculoskeletal conditions and diseases of the nervous system and sense organs accounted for 12 percent each. Circulatory conditions accounted for only four percent of this group.

- By ages 35-49, circulatory conditions had become the most common DI diagnostic group, affecting 23 percent of the 116,000 new cases. Musculoskeletal conditions were next most frequent at 21 percent, followed by mental disorders at 18 percent and neoplasms at 9 percent. Accidents and diseases of the nervous system and sense organs accounted for seven percent each.

- Within the eldest DI group, 50 and older, circulatory conditions accounted for 36 percent of the 387,000 new cases. Musculoskeletal conditions accounted for 20 percent, neoplasms for 12 percent, and respiratory conditions for eight percent. Mental disorders affected only seven percent, and accidents accounted for fewer than four percent of the cases.

- Among Supplemental Security Income (SSI) blind and disabled beneficiaries, mental disorders were the most common diagnostic group for the 336,000 new beneficiaries. In all, 35 percent fell into this category, with more than half being cases of mental retardation. Circulatory conditions were second in frequency, amounting to 18 percent of the new cases, followed by diseases of the nervous system and sense organs at 11 percent and musculoskeletal conditions at 10 percent.

- Of the 47,000 new child SSI beneficiaries, 59 percent were in the mental disorders group, and 54 percent were mentally retarded. Another 19 percent suffered from diseases of the nervous system and sense organs, and eight percent exhibited congenital anomalies.

- The 289,000 new adult SSI beneficiaries exhibited conditions similar to young DI beneficiaries. Mental disorders accounted for 31 percent of the cases, and circulatory conditions accounted for 20 percent. Musculoskeletal conditions affected 11 percent of the cases, and diseases of the nervous system and sense organs affected 10 percent. In contrast to child beneficiaries, fewer than half of the mental disorders cases were mentally retarded.

Explanatory Notes

Table III.B.4 presents data on new awards from Social Security Administration administrative records on the DI and SSI programs. For a description of these programs see the notes accompanying tables III.B.1 and III.B.2. It should be noted that the SSI statistics on new awards exclude persons previously entitled to Social Security OASDI benefits. The effect of this exclusion is to lower the average age of the adult SSI beneficiaries, but the magnitude of the effect is not known.

Child beneficiaries under SSI are unmarried and either under age 18 or aged 18-21 and regularly attending school.

For additional tables on the DI and SSI blind and disabled populations see III.B.3 and V.3.

TABLE III.B.4

SOCIAL SECURITY DISABILITY INSURANCE AND SUPPLEMENTAL SECURITY INCOME: INITIAL AWARDS TO DISABLED WORKERS AND BLIND AND DISABLED CHILDREN AND ADULTS, BY DIAGNOSTIC GROUP AND AGE, 1977

	Social Security Disability Insurance initial awards to disabled workers				Supplemental Security Income: initial awards to the blind and disabled[1]		
Diagnostic group	Total	Under 35	35-49	50 or older	Total	Children	Adults
Total number	568,874	66,295	115,642	386,938	335,783	46,879	288,904
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infective and parasitic diseases	1.0	1.4	1.5	0.8	1.2	0.7	1.3
Neoplasms	10.5	6.4	9.2	11.6	5.9	2.2	6.4
Endocrine, nutritional and metabolic diseases	3.8	2.7	3.4	4.1	4.0	1.6	4.4
Mental disorders	12.5	37.5	17.6	6.6	35.0	59.0	31.1
Mental retardation	NA	NA	NA	NA	19.1	53.9	13.4
Diseases of the nervous system and sense organs	6.5	11.6	7.3	5.3	11.3	19.0	10.1
Eye diseases	NA	NA	NA	NA	2.6	2.0	2.7
Circulatory conditions	29.5	4.2	22.6	35.9	17.5	0.8	20.3
Respiratory conditions	6.2	0.9	3.8	7.8	4.1	0.7	4.6
Digestive conditions	2.7	1.8	3.3	2.7	1.8	0.3	2.0
Genitourinary conditions	0.9	1.4	1.0	0.8	0.8	0.6	0.9
Musculoskeletal conditions	19.0	12.0	21.2	19.5	9.8	1.5	11.1
Congenital anomalies	1.2	2.8	1.7	0.7	2.4	8.5	1.4
Accidents, poisonings and violence	5.6	16.1	6.7	3.5	3.5	1.4	3.8
Other	0.7	1.3	0.7	0.6	2.6	3.6	2.4

NA: Statistic not available.

NOTE: Diseases of the blood and blood forming organs and diseases of the skin and subcutaneous tissue were identified in the Disability Insurance but not the Supplemental Security Income source table. They are included in the "Other" category here.

[1] These numbers exclude persons previously entitled to Social Security OASDI benefits.

SOURCE: Social Security Administration, *Social Security Bullentin, Annual Statistical Supplement, 1981*, tables 132 and 179.

TABLE III.B.5

Highlights

- Nearly 3.1 million disabled veterans were receiving Veterans Compensation or Pension benefits in September 1982.
- Close to three-quarters of the recipients were receiving Veterans Compensation for service-connected disabilities.
- About half of the 824,000 veterans receiving pensions for non-service connected disabilities were 65 or older, at which ages permanent and total disability is not a prerequisite for pension eligibility.
- Nearly half of all veterans receiving benefits were aged 50-64, reflecting the large population of World War II veterans.
- Another 617,000 disabled veterans were aged 65-74. The vast majority of these were World War II veterans as well.
- Vietnam era veterans numbered 598,000 or about 19 percent of the total beneficiaries.

Explanatory Notes

Table III.B.5 presents data compiled from Veterans Administration (VA) program statistics. The VA administers disability compensation to veterans for disabilities incurred or aggravated while on active duty. To be eligible for pension benefits for a non-service connected disability, a veteran must satisfy specific income limitations and must be either permanently and totally disabled or 65 years of age or older. Veterans of peacetime service can receive benefits only for service-connected disabilities.

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TABLE III.B.5

DISABLED VETERANS BY AGE AND PERIOD OF SERVICE: SEPTEMBER 1982

Period of service and origin of disability	Total	Under 65 years of age					65 years and over			
		Total	Under 30	30-39	40-49	50-64	Total	65-74	75-84	85 and over
Total	3,099,109	2,224,045	88,546	385,458	272,700	1,477,341	875,064	617,239	134,572	123,253
Service connected	2,274,780	1,818,337	86,925	371,690	248,825	1,110,897	456,443	383,718	53,348	19,377
Non-service connected	824,329	405,708	1,621	13,768	23,875	366,444	418,621	233,521	81,224	103,876
World War I and earlier	138,700	....	....	....	....	....	138,700	.....	19,605	119,095
Service connected	21,698	....	....	....	....	....	21,698	.....	4,757	16,941
Non-service connected	117,002	....	....	....	....	....	117,002	.....	14,848	102,154
World War II	1,744,862	1,059,092	....	....	....	1,059,092	685,770	575,481	106,966	3,323
Service connected	1,140,144	754,941	....	.....	....	754,941	385,203	342,900	40,690	1,613
Non-service connected	604,718	304,151	....	....	....	304,151	300,567	232,581	66,276	1,710
Korean conflict	315,357	298,588	....	....	53,654	244,934	16,769	13,991	2,481	297
Service connected	231,475	215,740	....	....	32,962	182,778	15,735	13,065	2,385	285
Non-service connected	83,882	82,848	....	....	20,692	62,156	1,034	926	96	12
Vietnam era	598,178	588,147	32,899	357,134	99,691	98,423	10,031	9,660	369	2
Service connected	579,451	569,438	31,278	343,366	96,508	98,286	10,013	9,646	365	2
Non-service connected	18,727	18,709	1,621	13,768	3,183	137	18	14	4	0
Peacetime (service connected)	302,012	278,218	55,647	28,324	119,355	74,892	23,794	18,107	5,151	536

. . . Category not applicable; age group did not serve during that period.

SOURCE: Veterans Administration, *1982 Annual Report*, table 57.

TABLE III.B.6

Highlights

- Total caseloads and cases served by State vocational rehabilitation agencies peaked in 1975 and have declined steadily since that time.

- The total caseload in 1982 was 1.5 million. Nearly one million cases were served. The remainder represented applications denied or still in process.

- Total caseloads and cases served in 1982 were at their lowest levels since the late 1960s.

- The number of severely disabled persons rehabilitated increased steadily from 1974 to 1979, in accordance with a 1973 legislative mandate, but these numbers leveled off in 1980 and declined in 1981 and 1982.

- The emphasis on severely disabled cases was evident in the change between 1976 and 1982 in the relative numbers of severely disabled and non-severely disabled cases closed. In 1976, 205,000 severely disabled and 277,000 non-severely disabled cases were closed. In 1982 the respective numbers were 220,000 and 149,000.

Explanatory Notes

Table III.B.6 presents caseload statistics compiled and published by the U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration, from reports submitted by the State vocational rehabilitation agencies.

Cases served consist of handicapped persons who received vocational rehabilitation (VR) services during the year. Cases closed as rehabilitated must: "(1) have been declared eligible for services, (2) have received appropriate diagnostic and related services, (3) have had a program for VR services formulated, (4) have completed the program, (5) have been provided counseling, and (6) have been determined to be suitably employed for a minimum of 60 days" (Information Memorandum 83-35, p. 39).

Cases labeled severely disabled fall into one of four categories: "(1) clients with major disabling conditions such as blindness and deafness, which are automatically included, and other disabilities as qualified, such as a respiratory disorder with sufficient loss of breath capacity, (2) clients who, at any time in the VR process, had been Social Security Disability Insurance beneficiaries, (3) clients who, at any time in the VR process, had been recipients of Supplemental Security Income payments by reason of blindness or disability, and (4) other individual cases with documented evidence of substantial loss in conducting certain specified activities" (p. 40).

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TABLE III.B.6

CASE ACTIVITY OF STATE VOCATIONAL REHABILITATION AGENCIES: FISCAL YEARS 1971-1982

(thousands of cases)

Case type	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982
Total caseload	1,552	1,706	1,798	1,825	1,938	1,925	1,867	1,816	1,752	1,729	1,631	1,473
Cases served	1,002	1,111	1,176	1,201	1,244	1,238	1,204	1,168	1,128	1,095	1,038	959
New cases	468	497	503	511	534	460	435	420	412	412	373	333
Continuations	534	614	673	690	710	778	769	748	716	683	665	625
Applications not accepted	247	266	294	281	303	339	313	310	301	305	308	261
Applications still in process[1]	303	329	327	342	391	347	350	338	323	329	285	254
Cases served	1,002	1,111	1,176	1,201	1,244	1,238	1,204	1,168	1,128	1,095	1,038	959
Active cases at year end	614	676	690	710	778	756	750	714	683	665	625	589
Cases closed during year	388	435	487	492	466	482	455	454	444	430	414	370
Rehabilitated	291	326	361	361	324	303	291	294	288	277	256	227
Not rehabilitated	97	109	126	131	142	179	164	160	156	153	158	143
Cases closed, by severity	388	435	487	492	466	482	455	454	444	430	414	370
Severely disabled	NA	NA	NA	NA	NA	205	207	221	231	234	234	220
Rehabilitated	NA	NA	NA	114	116	123	128	138	143	143	138	130
Not rehabilitated	NA	NA	NA	NA	NA	82	80	83	88	91	95	91
Non-severely disabled	NA	NA	NA	NA	NA	277	247	227	214	196	180	149
Rehabilitated	NA	NA	NA	247	208	180	164	156	145	135	118	97
Not rehabilitated	NA	NA	NA	NA	NA	97	84	71	69	61	62	52

NA: Data not available.

[1] Cases remaining in applicant or extended evaluation status at end of year.

SOURCE: Rehabilitation Services Administration, U.S. Department of Education, Information Memorandum 82-41 and 83-35.

SECTION IV

INDIVIDUAL IMPAIRMENTS AND CHRONIC CONDITIONS: COMPARATIVE DATA

TABLE IV.1

Highlights

- Except for the two conditions that were sex-specific, the individual chronic conditions listed in this table generally affected equal numbers of men and women. Emphysema, speech impairments, and absence of extremities were the only other conditions for which men were the principal victims, while hypertensive disease, diabetes, diseases of the urinary system, anemia and arthritis primarily affected women.

- For three conditions a majority of the persons reporting that condition came from a single age group. Thus 63 percent of the persons with cerebrovascular conditions and 73 percent of those with arteriosclerosis were 65 and older, and 66 percent of those with female troubles were 17-44 years of age.

- For most of the selected conditions, children under 17 were a very small percentage of the total persons reporting such ailments. There were four significant exceptions, however. Children were 34 percent of the persons reporting asthma, 40 percent of the persons reporting chronic bronchitis, 17 percent of the persons with anemia, and 46 percent of the persons with speech impairments.

- The percentage of persons with the condition who were nonwhite ranged from a low of 1.8 percent for emphysema to a high of 21 percent for speech impairments, with considerable variation between these extremes.

- While income comparisons across years are made difficult by the reporting of income in fixed categories of current dollars, comparisons within years do reveal some differences among conditions. Both types of orthopedic impairments as well as displaced disc and absent extremities were associated with somewhat higher family income than other conditions. Emphysema, cerebrovascular disease, arteriosclerosis and paralysis seemed to be associated with somewhat lower family income than most conditions. Age patterns could account for part of these differences, as older persons tend to have lower family income.

Explanatory Notes

Table IV.1 provides socio-economic and demographic profiles of persons reporting selected impairments and chronic conditions in the National Health Interview Survey between 1970 and 1977. Prior to 1978, the National Health Interview Survey collected prevalence data on only one of six chronic condition systems in a given year; data on all six were collected in a six-year cycle. Since 1978, data on all six chronic condition systems have been collected each year but with each household asked to provide information on only one of the six systems. As a result, the statistical reliability of estimates of the characteristics of persons with individual chronic conditions has declined considerably. The National Center for Health Statistics has not resumed the publication of data on the characteristics of persons with individual chronic conditions, so it was necessary to draw the data in this table from six different years.

The data for each year are based on information collected by personal interview from a nationwide sample of about 40,000 households, whose residents were representative of the civilian noninstitutionalized population of the United States. Household interviews were distributed over the year, with about 800 conducted each week. Estimates from the survey represent a 12-month average rather than a single point in time.

Table I.A.3 presents estimates of the annual incidence and prevalence of these chronic conditions, based on the same source. Tables I.A.1 and I.A.2 provide estimates of the 1979-1980 prevalence of these chronic conditions, and tables I.B.2 and I.B.5 relate these conditions to self-reported activity limitations. The reader is cautioned against using these data to estimate trends in prevalence over time, however, as the classification of individual impairments and chronic conditions may not be comparable between years.

Numerous other tables present data from the National Health Interview Survey for various years. See I.A.1 and I.B.1 for listings.

TABLE IV.1

PERCENTAGE DISTRIBUTION OF PERSONS REPORTING SELECTED IMPAIRMENTS AND CHRONIC CONDITIONS BY SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1970-1977

Characteristic	Respiratory conditions (1970)			Circulatory conditions (1972)			
	Emphysema	Asthma	Chronic Bronchitis	Heart disease	Hypertensive disease	Cerebrovascular disease	Arterio-sclerosis
Total number (thousands)	1,313	6,031	6,526	10,291	12,271	1,534	700
Sex							
Male	75.4	50.5	46.0	45.9	37.2	48.9	49.3
Female	24.6	49.5	54.0	54.1	62.8	51.1	50.7
Age							
Under 17 years	a	34.4	39.7	6.6	a	a	a
17-44 years	10.4	31.6	25.9	18.5	24.0	5.7	a
45-64 years	43.8	22.7	22.4	36.4	43.6	31.7	26.9
65 years and over	45.8	11.3	12.0	38.5	32.4	62.6	73.1
Race							
White	98.2	85.7	92.4	89.7	84.9	84.9	96.9
Nonwhite	1.8*	14.3	7.6	10.3	15.1	15.1	3.1*
Family annual income							
Less than $3,000	24.6	16.2	13.4	23.1	20.7	31.8	27.1
$3,000-$4,999	20.8	13.1	12.0	17.0	15.9	21.3	17.5
$5,000-$6,999	16.7	14.0	13.8	13.7	12.8	15.3	14.2
$7,000-$9,999	16.5	20.6	20.8	14.2	15.4	10.0	17.2
$10,000-$14,999	13.0	21.3	24.9	17.2	19.7	11.3	12.6
$15,000 or more	8.4	14.7	15.1	14.8	15.5	10.2	11.2
Education of family head							
Less than 9 years	48.6	28.5	25.4	37.6	37.5	51.0	45.9
9-11 years	18.8	17.7	17.9	17.1	18.6	15.2	14.4
12 years	19.2	29.2	30.6	24.4	25.8	20.0	21.1
13 years or more	13.4	24.6	25.4	21.0	18.0	13.7	18.6
Place of residence							
SMSA, central city	27.0	30.5	28.6	30.7	30.7	34.4	32.0
SMSA, not central city	26.6	32.8	37.0	32.5	32.0	23.9	29.0
Not SMSA	46.4	36.7	34.4	36.8	37.3	41.8	39.0
Geographic region							
Northeast	19.9	20.2	24.5	24.4	23.6	19.4	23.3
North Central	27.2	23.9	25.7	25.5	25.4	25.4	28.7
South	37.1	37.2	34.1	32.0	35.2	37.4	34.0
West	15.8	18.7	15.8	18.1	15.8	17.8	14.0

TABLE IV.1 Continued

PERCENTAGE DISTRIBUTION OF PERSONS REPORTING SELECTED IMPAIRMENTS AND CHRONIC CONDITIONS BY SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1970-1977

Characteristic	Selected other conditions (1973)					Digestive conditions (1975)		Skin and musculoskeletal conditions (1976)	
	Diabetes	Diseases of urinary system	Diseases of prostate	Female troubles except breast	Anemia	Ulcer	Hernia	Arthritis	Displaced disc
Total number (thousands)	4,191	5,768	1,297	2,896	2,986	3,955	3,725	24,573	2,638
Sex									
Male	38.7	24.2	100.0	....	15.3	52.9	52.5	34.5	57.0
Female	61.3	75.8	....	100.0	84.7	47.1	47.5	65.5	43.0
Age									
Under 17 years	2.1	6.7	a	4.3	17.0	1.8	5.7	0.6	0.5*
17-44 years	16.8	42.6	18.2	66.1	48.2	44.8	19.1	15.7	40.4
45-64 years	43.3	29.4	38.6	24.2	20.5	36.7	39.7	45.0	43.7
65 years and over	37.8	21.3	43.2	5.4	14.2	16.6	35.5	38.7	15.5
Race									
White	85.2	88.1	93.2	88.9	82.2	89.6	93.9	88.7	92.6
Nonwhite	14.8	11.9	6.8	11.1	17.8	10.4	6.1	11.3	7.4
Family annual income									
Less than $3,000	19.1	18.1	a	11.9	15.9	a	a	a	a
$3,000-$4,999	17.3	14.3	26.9	11.9	14.4	24.9	27.8	28.6	18.9
$5,000-$6,999	13.3	12.8	11.4	11.8	13.1	a	a	a	a
$7,000-$9,999	13.4	13.8	12.3	14.0	15.2	26.5	25.9	26.0	22.1
$10,000-$14,999	19.0	21.3	24.2	25.7	22.2	21.5	18.2	18.3	20.1
$15,000 or more	18.0	19.8	25.2	24.7	19.2	27.2	28.1	27.2	38.8
Education of family head									
Less than 9 years	40.3	32.0	35.7	19.5	23.7	a	a	36.3	24.3
9-11 years	19.5	16.7	16.6	19.1	18.8	50.4	50.0	16.8	16.4
12 years	22.7	28.5	23.8	34.1	33.5	28.6	26.6	25.7	30.8
13 years or more	17.5	22.7	24.0	27.3	24.0	21.0	23.4	21.2	28.5
Place of residence									
SMSA, central city	34.1	30.3	31.8	31.4	37.6	27.3	27.0	29.2	26.6
SMSA, not central city	34.1	32.3	31.1	39.7	37.1	35.8	36.6	34.9	38.4
Not SMSA	31.8	37.4	37.1	28.9	25.3	36.9	36.3	35.9	35.0
Geographic region									
Northeast	23.5	15.7	18.0	21.6	23.4	19.5	24.8	21.4	20.1
North Central	28.3	25.1	25.0	25.5	29.2	25.9	24.0	27.6	27.3
South	32.3	42.7	41.3	34.3	29.1	33.1	33.4	33.7	32.5
West	15.9	16.6	15.7	18.6	18.3	21.4	17.8	17.3	20.1

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TABLE IV.1 Continued

PERCENTAGE DISTRIBUTION OF PERSONS REPORTING SELECTED IMPAIRMENTS AND CHRONIC CONDITIONS BY SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1970-1977

Characteristic	Impairments (1977)						
	Visual impairments	Hearing impairments	Speech impairments	Paralysis	Absence of extremities	Impairments of back or spine	Orthopedic impairments
Total number (thousands)	11,415	16,219	1,995	1,532	2,225	9,365	10,860
Sex							
Male	51.8	55.0	65.5	52.4	79.7	43.8	53.2
Female	48.2	45.0	34.5	47.6	20.3	56.2	46.8
Age							
Under 17 years	5.9	5.3	45.8	7.9	[a]	3.3	[a]
17-44 years	25.2	21.5	27.8	23.0	33.7	48.7	47.6
45-64 years	25.9	33.1	15.8	30.7	37.6	32.1	29.3
65 years and over	42.9	40.2	10.6	38.4	28.7	15.9	23.1
Race							
White	88.2	92.2	79.1	84.7	88.3	90.5	87.8
Nonwhite	11.8	7.8	20.9	15.3	11.7	9.5	12.2
Family annual income							
Less than $3,000	12.7	10.8	11.5	12.7	[a]	9.0	11.5
$3,000-$4,999	16.2	14.4	14.2	19.1	18.9	11.2	13.1
$5,000-$6,999	11.9	11.9	11.9	13.3	[a]	10.1	10.2
$7,000-$9,999	12.9	13.0	11.9	12.6	26.7	12.1	12.5
$10,000-$14,999	16.4	18.1	19.1	17.0	[a]	19.3	19.0
$15,000 or more	29.8	31.8	31.3	25.3	54.5	38.3	33.6
Education of family head							
Less than 9 years	32.5	32.1	28.1	33.7	[a]	21.0	24.4
9-11 years	15.3	16.2	18.2	14.6	54.6	16.6	17.0
12 years	27.1	27.7	31.3	25.8	[a]	31.0	30.0
13 years or more	25.1	23.9	22.5	25.9	45.4	31.4	28.6
Place of residence							
SMSA, central city	29.9	27.7	31.9	32.7	[a]	29.5	31.7
SMSA, not central city	34.3	34.9	32.8	29.1	55.0	38.2	36.1
Not SMSA	35.8	37.4	35.3	38.2	45.0	32.2	32.2
Geographic region							
Northeast	21.1	21.1	23.2	18.5	18.7	21.7	24.3
North Central	25.0	26.4	26.2	25.9	27.2	27.7	27.5
South	35.9	33.4	35.4	38.6	37.1	27.5	29.8
West	18.0	19.1	15.2	17.0	16.9	23.1	18.4

... Condition not applicable to that sex.

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

[a] Category not reported separately in source publication; combined with next lower category.

SOURCE: National Center for Health Statistics, National Health Interview Survey; data reported in *Vital and Health Statistics*, Series 10, Nos. 84, 94, 109, 123, 124 and 134.

TABLE IV.2

Highlights

- Excluding children under three years of age and persons whose sole hearing impairment was tinnitus (ringing in the ears), an estimated 14.2 million persons in 1977 had trouble hearing in one or both ears.

- Roughly half of these had trouble hearing in both ears, and 3.2 million of these could hear only shouted speech, if at all. Of this group, 840,000 persons could at best hear speech shouted into their better ear, and 367,000 (not shown in table) could not hear any speech.

- The severity of hearing problems was strongly associated with age. Persons 65 and older constituted 68 percent of the population with the most severe hearing trouble, 51 percent of all persons with bilateral hearing trouble, 32 percent of the population with unilateral hearing trouble, but only 8.7 percent of the population without hearing trouble.

- Activity limitations were more than three times as common among persons with any degree of hearing trouble as among persons without hearing trouble. This relationship was strongest among persons under 45 years of age. Within this group, 22 percent of those with hearing trouble reported chronic activity limitations compared to only 6.0 percent of those without hearing trouble. Among those with the most severe hearing trouble, 73 percent reported activity limitations.

- Within the population 65 and older, 43 percent of all persons reported activity limitations. The prevalence of activity limitations varied from 38 percent among those with no hearing problems to 70 percent among those with the most severely impaired hearing.

Explanatory Notes

Table IV.2 presents estimates of the age distribution and prevalence of activity limitations among persons classified by their level of hearing ability. The data are drawn from the 1977 National Health Interview Survey, conducted by the National Center for Health Statistics. The data are based on personal interviews conducted with a nationwide sample of 41,000 households, containing 111,000 persons who were representative of the civilian noninstitutionalized population of the United States. For a further description of the 1977 survey see table I.C.2.

The classification of persons by level of hearing ability is based on a special set of questions included in the 1977 interview. Comparable questions were last asked in 1971. Hearing ability is a composite of a self-rating and the respondent's score on the 8-point Gallaudet Hearing Scale. Scores reflect hearing ability uncorrected by a hearing aid. Because of potential problems with validity, the hearing scales were not administered for persons under three years of age.

Hearing trouble is defined somewhat more narrowly here than in table IV.1 and previous tables. Persons reporting tinnitus but no troule hearing are not counted among those with hearing trouble; they *were* counted among the hearing impaired population in earlier tables.

Tables I.A.1 and I.A.2 present estimates of the prevalence of hearing impairments in the civilian noninstitutionalized population in 1979 and 1980. Table I.A.3 presents estimates of the annual incidence of hearing impairments in 1977, and tables I.B.2 and I.B.5 relate hearing impairments to chronic activity limitations in 1979. Table I.C.5 presents estimates of the prevalence of hearing problems, by severity, among the 1.3 million nursing home residents in 1977.

TABLE IV.2

AGE AND CHRONIC ACTIVITY LIMITATION STATUS OF PERSONS CLASSIFIED BY LEVEL OF HEARING ABILITY: CIVILIAN NONINSTITUTIONALIZED POPULATION 3 YEARS OLD AND OVER, 1977

Age and activity limitation status	All persons	No trouble	Hearing trouble						
						Bilateral hearing trouble			
			All levels of trouble	Border-line	Uni-lateral	All bi-lateral	Can hear normal voice	Can hear words shouted across room	At best can hear words shouted in ear
Total persons 3 years old and older (thousands)	202,936	188,696	14,240	985	5,969	7,208	3,984	2,310	842
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
3-16 years	25.0	26.4	5.8	13.7	5.2	5.3	6.1	4.2	4.3
17-44 years	42.7	44.4	20.6	30.2	27.3	13.7	16.8	10.0	9.7
45-54 years	11.4	11.3	13.7	13.8	16.3	11.6	13.7	9.9	5.9
55-64 years	9.9	9.3	18.9	16.8	19.6	18.6	20.1	18.1	11.8
65-74 years	7.0	6.0	20.9	13.4	19.1	23.5	23.1	24.5	23.3
75 and older	3.9	2.7	20.0	12.2	12.5	27.3	20.3	33.5	45.1
Activity limitation status									
All ages 3 and over	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Limited in major activity	10.8	9.0	34.1	20.6	27.3	41.5	33.7	50.3	55.1
Limited in other activity	3.2	2.9	7.8	5.3	7.4	8.5	7.9	8.5	12.2
Not limited	86.0	88.1	58.1	74.0	65.3	50.0	58.4	41.2	32.8
Ages 3-44 years	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Limited in major activity	4.0	3.7	13.0	8.6	10.8	17.7	10.1	26.1	53.0
Limited in other activity	2.5	2.3	9.2	2.6*	8.7	11.9	9.2	16.3	19.7*
Not limited	93.6	94.0	77.8	89.1	80.5	70.5	80.5	57.7	28.2*
Ages 45-64 years	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Limited in major activity	18.6	16.9	32.4	21.6	29.4	36.5	32.2	44.4	43.0
Limited in other activity	4.5	4.1	7.9	6.0*	7.2	8.8	8.2	10.1	10.7*
Not limited	76.9	79.0	59.8	72.8	63.3	54.7	59.7	45.5	46.3
Ages 65 years and over	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Limited in major activity	37.3	33.2	49.0	40.5	41.8	53.2	47.3	58.9	58.7
Limited in other activity	5.7	5.2	6.9	9.1*	6.4	7.1	6.8	5.9	11.1
Not limited	57.0	61.6	44.1	50.4	51.9	39.6	45.8	35.1	30.2

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

[1] Includes 78,221 persons who did not respond to either hearing scale. Excludes persons reporting tinnitus only.

[2] Includes 71,144 persons who did not respond to the Gallaudet scale.

SOURCE: National Center for Health Statistics, 1977 National Health Interview Survey; data reported in *Vital and Health Statistics*, Series 10, No. 140, tables 1 and 8.

SECTION V

STATE LEVEL DATA

TABLE V.1

Highlights

- Nationwide, 8.6 percent of noninstitutionalized persons 16-64 reported work disabilities in the 1980 Census.

- Slightly more than half of these—4.4 percent—reported that they were prevented from working, while 3.25 percent were in the labor force (i.e., either working or looking for work).

- Fifteen percent of noninstitutionalized persons 65 and older reported disablities that prevented them from using public transportation. Close to two percent of persons 16-64 reported such disabilities.

- Percentages of State populations with work disabilities varied from a low of 5.4 percent in Alaska to a high of 12.7 percent in Arkansas. Only two other States approached these extremes: Hawaii at 5.9 percent and West Virginia at 12.3 percent.

- Most of the remaining States were included in the 7 to 11 percent range. Rates of work disabilities were highest in the South and lowest in the central plains (West North Central division) and Mountain States. Most regions exhibited considerable internal variation, however.

- State percentages with public transportation disabilities among the elderly ranged from a low of 7.7 percent in North Dakota to a high of 22 percent in Mississippi. South Dakota, Wyoming, Montana and Alaska were the only other states with transportation disability rates below 1 percent. Alabama and Louisiana were the only other States with disability rates above 20 percent.

- Geographic clustering is evident not only among the States at the extremes but among the remaining states as well. As with work disabilities, the highest rates of incidence were reported in the South and the lowest rates in the West North Central and Mountain States. The Pacific and New England States had comparatively low rates while the Middle Atlantic and East North Central States had moderate rates.

- These regional patterns were repeated for the percent of persons 16-64 reporting public transportation disabilities. Rates ranged from 0.8 percent in Alaska to 2.95 percent in Mississippi.

Explanatory Notes

Table V.1 presents data from the 1980 Census of Population, conducted in April 1980 by the U.S. Bureau of the Census. Estimates of persons with work disabilities and public transportation disabilities are based on responses to questions administered to a 19 percent sample of all households in the United States. Household respondents were asked for each person in the household whether that person has a "a physical, mental, or other health condition which has lasted for 6 or more months and which: (a) limits the kind or amount of work this person can do at a job, (b) prevents this person from working at a job, (c) limits or prevents this person from using public transportation." Yes or no answers were recorded to each part of the question.

Whether a person is limited in his or her use of public transportation depends not only on that person's health but on the kinds of access to public transportation that are provided in a given locale. The same person might be unable to use public transportation in one city but have full access in another. The concept of public transportation disability is ambiguous in locales that lack public transportation. It is not clear how persons with mobility limitations would have responded under these circumstances. The low rates of public transportation disability in the sparsely populated northern Mountain States may in part reflect the inappropriateness of the disability question.

TABLE V.1

WORK DISABILITY, LABOR FORCE STATUS, AND TRANSPORTATION DISABILITY OF NONINSTITUTIONALIZED PERSONS 16-64 AND 65 AND OVER, BY STATE: APRIL 1980

State	*Noninstitutionalized persons 16-64*						*Noninstitutionalized persons 65 and over*	
	Total number	Percent reporting work disability				Percent reporting public transportation disability	Total number	Percent reporting public transportation disability
		Total	In labor force	Not in labor force				
				Able to work	Prevented from working			
United States, total	144,560,822	8.58	3.25	0.90	4.43	1.81	24,184,588	14.94
New England								
Maine	700,315	9.75	3.74	1.04	4.96	1.66	131,697	12.87
New Hampshire	591,095	7.51	3.41	0.78	3.31	1.19	96,639	11.59
Vermont	325,524	8.51	3.50	0.87	4.15	1.35	54,142	13.64
Massachusetts	3,710,159	7.29	2.94	0.75	3.61	1.70	676,384	14.54
Rhode Island	607,367	8.63	3.40	0.79	4.45	1.93	118,457	13.87
Connecticut	2,022,407	6.51	2.88	0.73	2.90	1.36	339,870	12.84
Middle Atlantic								
New York	11,271,775	7.68	2.52	0.80	4.36	2.12	2,034,437	14.80
New Jersey	4,765,766	6.86	2.56	0.70	3.60	1.76	821,766	14.92
Pennsylvania	7,589,547	8.47	2.92	0.90	4.65	1.79	1,455,886	14.28
East North Central								
Ohio	6,891,633	8.80	3.35	0.90	4.56	1.75	1,102,947	14.80
Indiana	3,473,591	7.98	3.36	0.88	3.75	1.38	549,173	13.30
Illinois	7,298,682	7.26	2.93	0.81	3.51	1.68	1,188,176	14.45
Michigan	5,916,060	9.28	3.62	1.07	4.58	1.83	861,395	15.43
Wisconsin	2,948,090	6.76	3.07	0.77	2.93	1.12	520,231	10.07

TABLE V.1—Continued

WORK DISABILITY, LABOR FORCE STATUS, AND TRANSPORTATION DISABILITY OF NONINSTITUTIONALIZED PERSONS 16-64 AND 65 AND OVER, BY STATE: APRIL 1980

State	*Noninstitutionalized persons 16-64*						*Noninstitutionalized persons 65 and over*	
	Total number	Percent reporting work disability				Percent reporting public transportation disability	Total number	Percent reporting public transportation disability
		Total	In labor force	Not in labor force				
				Able to work	Prevented from working			
United States, total	144,560,322	8.58	3.25	0.90	4.43	1.81	24,184,588	14.94
West North Central								
Minnesota	2,563,841	7.04	3.58	0.86	2.60	0.99	437,367	10.10
Iowa	1,796,809	7.24	3.42	0.85	2.96	1.05	355,123	10.73
Missouri	3,069,087	9.13	3.54	0.97	4.62	1.75	612,449	15.10
North Dakota	402,349	6.70	3.31	0.87	2.52	0.91	73,590	7.71
South Dakota	417,867	7.56	3.82	0.87	2.87	1.05	83,280	8.54
Nebraska	968,836	7.01	3.50	0.79	2.73	1.12	189,057	10.72
Kansas	1,479,791	7.61	3.60	0.86	3.15	1.20	284,061	11.65
South Atlantic								
Delaware	389,196	7.91	3.22	0.89	3.81	1.64	55,731	15.88
Maryland	2,798,663	8.00	3.19	0.91	3.90	1.76	374,244	16.51
District of Columbia	437,788	9.88	3.37	1.23	5.28	2.48	71,096	18.03
Virginia	3,540,722	8.44	3.08	0.93	4.43	1.70	479,245	15.98
West Virginia	1,214,538	12.34	3.26	1.15	7.92	2.51	230,679	16.93
North Carolina	3,808,398	9.75	3.56	0.91	5.29	2.07	575,123	17.83
South Carolina	1,999,332	9.81	3.36	0.86	5.59	2.34	275,127	19.07
Georgia	3,481,650	10.36	3.60	0.96	5.80	2.36	489,452	19.75
Florida	5,982,901	9.93	3.42	1.11	5.40	2.19	1,648,917	13.39

TABLE V.1 Continued

WORK DISABILITY, LABOR FORCE STATUS, AND TRANSPORTATION DISABILITY OF NONINSTITUTIONALIZED PERSONS 16-64 AND 65 AND OVER, BY STATE: APRIL 1980

State	*Noninstitutionalized persons 16-64*						*Noninstitutionalized persons 65 and over*	
	Total number	Percent reporting work disability				Percent reporting public transportation disability	Total number	Percent reporting public transportation disability
		Total	In labor force	Not in labor force				
				Able to work	Prevented from working			
East South Central								
Kentucky	2,292,066	11.39	3.50	1.05	6.84	2.52	389,048	18.29
Tennessee	2,924,804	10.37	3.35	0.97	6.06	2.34	494,346	18.67
Alabama	2,426,576	10.59	3.33	1.03	6.22	2.63	421,935	20.20
Mississipi	1,509,014	11.76	3.62	1.08	7.06	2.95	277,234	22.04
West South Central								
Arkansas	1,380,343	12.73	4.13	1.26	7.33	2.65	296,671	18.43
Louisiana	2,616,035	9.56	3.20	0.92	5.44	2.41	383,426	20.02
Oklahoma	1,889,020	10.76	4.16	1.18	5.41	1.90	354,274	16.07
Texas	9,034,363	7.84	3.19	0.76	3.89	1.71	1,312,171	16.25
Mountain								
Montana	497,946	8.14	3.82	1.08	3.24	1.02	79,222	9.36
Idaho	575,405	8.74	4.16	1.05	3.53	1.21	88,971	10.69
Wyoming	301,618	6.14	3.24	0.74	2.16	0.71	35,058	7.95
Colorado	1,927,480	7.23	3.47	0.89	2.87	1.23	232,186	12.86
New Mexico	820,401	8.17	3.00	0.94	4.23	1.64	112,696	13.82
Arizona	1,710,015	9.07	3.47	1.12	4.48	1.90	298,650	13.28
Utah	860,162	7.54	3.74	1.07	2.73	1.09	104,961	13.22
Nevada	545,153	7.80	3.84	0.83	3.13	1.32	63,653	11.87
Pacific								
Washington	2,690,196	8.76	3.96	1.15	3.65	1.23	406,564	13.79
Oregon	1,686,245	9.85	4.57	1.27	4.01	1.40	287,850	12.24
California	15,610,807	8.19	3.17	0.88	4.15	1.70	2,278,038	14.89
Alaska	274,019	5.40	2.84	0.73	1.83	0.83	10,456	9.84
Hawaii	644,993	5.92	2.58	0.78	2.55	1.19	72,917	11.66

SOURCE: U.S. Bureau of the Census, 1980 Census of Population; prepared from data reported in *Advance Estimates of Social, Economic, and Housing Characteristics*, parts 1-51, table P-2.

TABLE V.2

Highlights

- State counts of children receiving special education under P.L. 94-142 and P.L. 89-313 give evidence of substantial variation in the classification of children by type of handicap if not in the geographic distribution of actual handicapping conditions.

- A comparison of the relative numbers of children classified as specific learning disabled versus mentally retarded reveals sizable State-to-State differences. Nationwide, children classified as specific learning disabled outnumbered mentally retarded children by two to one. Deviations from these relative magnitudes are noteworthy.

- Four States reported *more* mentally retarded than specific learning disabled children: South Carolina, Kentucky, Alabama and Mississippi. Indiana, Arkansas and West Virginia reported roughly equal numbers.

- New Hampshire, Rhode Island, New Jersey, Maryland, Texas, Oregon, California, Alaska, Hawaii and several Mountain States reported comparatively few mentally retarded children.

- Connecticut, Minnesota and North Dakota classified no students as multi-handicapped.

Explanatory Notes

Table V.2 presents data from December 1, 1981 child counts provided by the States to the U.S. Department of Education, Office of Special Education and Rehabilitative Services, as part of the reporting requirements under P.L. 94-142 and P.L. 89-313. The table contains State estimates of children aged 3-21 (the ages covered by the legislation establishing support for education of the handicapped) who were receiving special education under P.L. 94-142 and P.L. 89-313. National statistics classifying the handicapped children by age and program were presented in table III.A.1. That table included children residing outside the 50 States and the District of Columbia whereas table V.2 does not.

The category "multi-handicapped" includes multiple impairments other than deaf-blind. It also includes severe or profound mental retardation. Multiple handicaps create such severe problems for education that they cannot be accommodated in programs designed for individual impairments.

The category "other health impairments" includes children with limited strength, vitality or alertness due to a chronic or acute health problem, where these conditions adversely affect educational performance.

TABLE V.2

NUMBER OF CHILDREN AGES 3-21 SERVED UNDER THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT AND AID TO STATES FOR HANDICAPPED CHILDREN, BY HANDICAPPING CONDITION AND STATE: 1981-1982 SCHOOL YEAR

State	Specific learning disabled	Speech impaired	Mentally retarded	Seriously emotionally disturbed	Ortho-pedically impaired	Deaf and hard of hearing	Visually handi-capped	Deaf and blind	Multi-handi-capped	Other health impaired	Total
United States, total:[1]	1,624,989	1,136,309	786,775	339,629	57,967	74,694	29,174	2,486	71,289	79,519	4,202,831
New England											
Maine	8,349	6,055	5,019	4,317	446	473	142	17	788	341	25,947
New Hampshire	8,001	2,221	1,660	1,209	166	368	217	7	141	189	14,179
Vermont	4,382	2,418	2,917	451	259	321	119	12	516	168	11,563
Massachusetts	49,382	32,175	29,656	19,165	1,538	1,889	768	143	3,074	1,957	139,747
Rhode Island	11,212	3,498	1,610	1,209	205	242	69	12	171	207	18,435
Connecticut	29,489	13,996	7,081	12,328	478	1,219	693	5	0	1,022	66,311
Middle Atlantic											
New York	69,489	40,883	40,541	47,933	5,747	4,631	1,839	113	6,171	33,057	250,404
New Jersey	59,251	63,752	14,794	15,529	1,422	2,324	1,355	46	3,736	1,477	163,686
Pennsylvania	57,727	63,327	46,828	14,816	1,939	4,286	1,934	8	26	28	190,919
East North Central											
Ohio	71,657	62,112	61,279	6,135	3,346	2,660	964	145	2,147	0	210,445
Indiana	25,126	40,727	25,092	2,539	808	1,324	520	30	1,186	295	97,647
Illinois	87,718	77,335	43,707	31,780	4,584	4,160	1,803	108	1,512	3,088	255,795
Michigan	52,311	45,361	28,150	19,293	4,575	3,104	909	0	349	9	154,061
Wisconsin	26,861	17,714	13,874	9,095	1,122	1,320	466	53	648	440	71,593
West North Central											
Minnesota	35,249	19,231	14,289	5,013	1,299	1,468	422	41	0	904	77,916
Iowa	22,347	15,218	12,238	4,127	800	1,009	229	40	701	185	56,894
Missouri	36,155	32,722	21,066	7,136	942	1,214	401	65	531	699	100,931
North Dakota	4,137	3,281	1,939	326	165	209	78	21	0	56	10,212
South Dakota	3,048	5,312	1,490	339	243	454	98	41	435	62	11,522
Nebraska	12,422	9,626	6,191	1,761	520	734	211	0	347	0	31,812
Kansas	15,809	13,576	6,966	3,614	304	758	265	28	746	478	42,544

TABLE V.2 Continued

NUMBER OF CHILDREN AGES 3-21 SERVED UNDER THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT AND AID TO STATES FOR HANDICAPPED CHILDREN, BY HANDICAPPING CONDITION AND STATE: 1981-1982 SCHOOL YEAR

State	Specific learning disabled	Speech impaired	Mentally retarded	Seriously emotionally disturbed	Ortho-pedically impaired	Deaf and hard of hearing	Visually handi-capped	Deaf and blind	Multi-handi-capped	Other health impaired	Total
United States, total:[1]	1,624,989	1,136,309	786,775	339,629	57,967	74,694	29,174	2,486	71,289	79,519	4,202,831
South Atlantic											
Delaware	6,520	2,191	2,140	2,807	288	253	142	39	4	56	14,440
Maryland	49,171	25,053	9,069	3,444	923	1,595	604	54	2,935	448	93,296
District of Columbia	1,916	1,252	1,289	685	99	490	54	24	203	117	6,129
Virginia	36,139	31,010	17,676	6,398	840	1,905	1,878	55	3,278	392	99,571
West Virginia	12,851	11,946	11,177	1,235	393	513	277	21	247	894	39,554
North Carolina	45,448	25,644	36,788	5,010	1,054	2,299	681	32	1,991	1,094	120,041
South Carolina	18,855	18,829	23,500	5,285	757	1,131	492	12	415	200	69,476
Georgia	35,274	28,806	29,110	16,523	653	2,034	838	61	1,011	1,469	115,779
Florida	55,782	43,530	25,963	14,931	1,973	2,065	787	94	2,371	2,342	149,838
East South Central											
Kentucky	18,127	24,528	22,717	2,193	657	1,125	524	133	1,200	853	72,057
Tennessee	39,410	32,823	20,629	2,623	1,101	2,406	778	9	1,554	1,126	102,459
Alabama	19,868	14,924	34,402	3,880	357	1,057	413	55	1,053	388	76,397
Mississippi	14,435	16,207	16,828	397	395	646	258	43	247	0	49,456
West South Central											
Arkansas	18,539	10,976	17,244	633	417	695	310	20	770	259	49,863
Louisiana	34,354	20,970	16,927	4,643	536	1,681	422	75	938	1,333	81,879
Oklahoma	28,312	20,117	13,009	960	372	836	299	42	1,179	353	65,479
Texas	141,924	66,286	29,326	15,432	3,200	4,870	1,821	215	14,242	4,557	281,873
Mountain											
Montana	6,497	4,475	1,449	569	88	253	177	28	640	103	14,279
Idaho	8,222	4,067	2,795	543	338	404	164	17	222	382	17,154
Wyoming	4,980	3,082	998	785	184	160	44	49	423	139	10,844
Colorado	20,937	8,303	6,041	7,358	835	1,030	333	68	1,242	0	46,147
New Mexico	12,319	5,307	2,805	1,948	337	412	149	36	1,054	87	24,454
Arizona	25,376	11,527	6,270	5,148	903	1,036	400	0	777	700	52,137
Utah	13,246	7,571	3,164	10,245	316	741	337	37	1,745	182	37,584
Nevada	6,672	2,924	1,211	541	214	193	82	1	352	266	12,456

TABLE V.2 Continued

NUMBER OF CHILDREN AGES 3-21 SERVED UNDER THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT AND AID TO STATES FOR HANDICAPPED CHILDREN, BY HANDICAPPING CONDITION AND STATE: 1981-1982 SCHOOL YEAR

State	Specific learning disabled	Speech impaired	Mentally retarded	Seriously emotionally disturbed	Ortho-pedically impaired	Deaf and hard of hearing	Visually handi-capped	Deaf and blind	Multi-handi-capped	Other health impaired	Total
United States, total:[1]	1,624,989	1,136,309	786,775	339,629	57,967	74,694	29,174	2,486	71,289	79,519	4,202,831
Pacific											
Washington	30,137	13,312	9,892	4,573	1,072	1,274	354	48	1,837	1,417	63,916
Oregon	22,236	11,835	4,905	2,546	981	1,455	576	31	131	582	45,278
California	190,727	92,594	29,874	9,163	7,296	7,213	2,341	203	5,445	15,032	359,888
Alaska.	6,135	3,010	780	316	198	244	51	22	190	61	11,007
Hawaii	7,897	1,728	1,674	437	257	405	73	26	181	0	12,678
Bureau of Indian Affairs[2]	2,561	942	736	263	25	106	13	1	187	25	4,859

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[1] Totals exclude children residing outside the 50 states and the District of Columbia and thus differ slightly from the totals reported in table III.A.1.

[2] The Bureau of Indian Affairs in the U.S. Department of the Interior administers the special education programs in Bureau-operated schools. These programs are not under the authority of individual States, and the children served by these programs are not included in the State statistics.

SOURCE: Office of Special Education and Rehabilitative Services, U.S. Department of Education; statistics reported by state agencies under P.L. 94-142 and P.L. 89-313; published in *Annual Report to Congress on the Implementation of Public Law 94-142*, 1983, appendix 2.

TABLE V.3

Highlights

- Nationally, 2.3 million blind and disabled persons in the United States were receiving federally administered Supplemental Security Income (SSI) payments at the end of 1982. Disabled adults accounted for 2.0 million, and disabled children for another 0.2 million. There were 70,000 blind adult recipients and 7,000 blind children.
- For the nation as a whole, disabled SSI recipients outnumbered blind SSI recipients by nearly 30 to one. Among individual States, however, the relative numbers of blind and disabled beneficiaries varied.
- In all, 2.8 million disabled workers were receiving Social Security Disability Insurance (DI) benefits at the end of 1980.
- While disabled adult SSI beneficiaries were three-quarters as numerous as DI beneficiaries nationally, several States had fewer than half as many SSI as DI beneficiaries.
- Three States had more disabled adult SSI recipients than DI recipients.

Explanatory Notes

Table V.3 presents data compiled from Social Security Administration program statistics for Supplemental Security Income (SSI) and Social Security Disability Insurance (DI). The table excludes beneficiaries residing outside the 50 States and the District of Columbia. Beneficiaries in outlying areas were included in the SSI and DI statistics presented in section III.B.

Some persons may qualify for and receive both SSI and DI benefits.

A child beneficiary is unmarried and either under age 18 or aged 18-21 and regularly attending school.

For State population counts from the 1980 Census see table V.1. For other tables based on SSI and DI administrative statistics see III.B.1 through III.B.4.

TABLE V.3

BLIND AND DISABLED PERSONS RECEIVING FEDERALLY ADMINISTERED SUPPLEMENTAL SECURITY INCOME AND SOCIAL SECURITY DISABILITY INSURANCE BENEFITS, BY STATE: 1980 AND 1982

State	Supplemental Security Income beneficiaries[1]					Disabled workers receiving Social Security Disability Insurance[2]
		Children		Adults		
	Total	Blind	Disabled	Blind	Disabled	
United States, total	2,308,578	7,196	221,877	70,143	2,009,362	2,765,706
New England						
Maine	11,959	38	978	255	10,688	15,148
New Hampshire	3,423	16	454	93	2,860	9,228
Vermont	5,415	12	501	107	4,795	6,249
Massachusetts	53,668	459	4,799	4,479	43,931	60,526
Rhode Island	9,136	38	984	171	7,943	14,059
Connecticut	16,575	91	1,622	334	14,528	30,074
Middle Atlantic						
New York	220,048	393	23,668	3,578	192,409	229,202
New Jersey	53,650	132	6,232	987	46,299	89,100
Pennsylvania	104,199	323	11,630	2,710	89,536	156,917
East North Central						
Ohio	84,561	304	8,662	2,014	73,581	[illegible]
Indiana	27,629	181	3,195	1,000	23,253	61,[illegible]
Illinois	87,053	240	7,711	1,701	77,401	109,823
Michigan	77,023	219	6,001	1,694	69,109	112,919
Wisconsin	36,910	115	4,085	857	31,853	48,065
West North Central						
Minnesota	18,920	98	1,957	529	16,336	31,275
Iowa	15,244	138	2,038	873	12,195	26,766
Missouri	44,634	101	4,112	1,146	39,275	66,409
North Dakota	3,168	14	282	65	2,807	4,895
South Dakota	4,374	22	651	112	3,589	6,300
Nebraska	8,516	22	1,065	205	7,224	13,317
Kansas	12,658	37	1,513	278	10,830	20,573

TABLE V.3 Continued

BLIND AND DISABLED PERSONS RECEIVING FEDERALLY ADMINISTERED SUPPLEMENTAL SECURITY INCOME AND SOCIAL SECURITY DISABILITY INSURANCE BENEFITS, BY STATE: 1980 AND 1982

State	Supplemental Security Income beneficiaries[1]					Disabled workers receiving Social Security Disability Insurance[2]
		Children		Adults		
	Total	Blind	Disabled	Blind	Disabled	
United States, total	2,308,578	7,196	221,877	70,143	2,009,362	2,765,706
South Atlantic						
Delaware	4,585	23	559	132	3,871	7,359
Maryland	32,072	93	2,901	584	28,494	40,250
District of Columbia	10,562	11	687	190	9,674	7,361
Virginia	47,004	151	4,144	1,270	41,439	66,350
West Virginia	27,590	56	2,292	577	24,665	38,049
North Carolina	76,195	226	6,344	2,690	66,935	90,113
South Carolina	45,936	161	4,600	1,700	39,475	50,263
Georgia	83,194	195	7,552	2,662	72,785	86,305
Florida	90,313	276	8,843	2,522	78,672	149,797
East South Central						
Kentucky	54,088	174	4,954	1,838	47,122	58,374
Tennessee	70,707	205	6,574	1,757	62,171	73,447
Alabama	59,897	122	6,056	1,776	51,943	61,612
Mississippi	53,427	150	6,326	1,631	45,320	44,869
West South Central						
Arkansas	34,557	132	3,502	1,269	29,654	44,335
Louisiana	69,418	219	9,928	1,837	57,434	58,367
Oklahoma	31,802	92	2,668	864	28,178	37,663
Texas	114,773	476	16,149	3,744	94,404	130,822

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TABLE V.3 Continued

BLIND AND DISABLED PERSONS RECEIVING FEDERALLY ADMINISTERED SUPPLEMENTAL SECURITY INCOME AND SOCIAL SECURITY DISABILITY INSURANCE BENEFITS, BY STATE: 1980 AND 1982

State	Supplemental Security Income beneficiaries[1]					Disabled workers receiving Social Security Disability Insurance[2]
		Children		Adults		
	Total	Blind	Disabled	Blind	Disabled	
United States, total	2,308,578	7,196	221,877	70,143	2,009,362	2,765,706
Mountain						
Montana	4,582	20	501	111	3,950	8,565
Idaho	5,069	18	754	99	4,198	8,945
Wyoming	1,135	4	112	36	906	2,732
Colorado	17,493	79	1,982	303	15,129	24,104
New Mexico	14,868	51	1,384	407	13,026	14,754
Arizona	18,329	67	2,111	508	15,643	33,743
Utah	5,473	32	830	133	4,478	8,825
Nevada	3,370	48	420	402	2,500	8,664
Pacific						
Washington	29,862	75	2,937	529	26,321	41,703
Oregon	15,435	74	1,860	424	13,077	30,105
California	380,950	940	22,123	16,770	341,117	284,649
Alaska	1,872	8	190	51	1,623	1,701
Hawaii	5,321	25	454	139	4,703	7,001

[1] December 1982.

[2] December 1980, latest data available.

SOURCE: Social Security Administration, *Social Security Bulletin, Annual Statistical Supplement, 1982*, tables 116, 178,179 and 181.

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TABLE V.4

Highlights

- The estimated 214,000 mentally retarded persons in public and community residential facilities in 1977 amounted to 99 residents per 100,000 persons in the civilian population.

- Individual States ranged from a low of 30.9 mentally retarded residents of institutions per 100,000 persons in Nevada to a high of 203.6 in North Dakota.

- Two States besides Nevada had fewer than 50 mentally retarded residents per 100,000 persons: Kentucky and West Virginia. Seven States had between 50 and 75 mentally retarded residents per 100,000 persons: Alabama, Alaska, Arizona, Georgia, New Mexico, Tennessee and Indiana.

- In addition to North Dakota, three other States had more than 150 mentally retarded residents per 100,000 persons: South Dakota, Wyoming and Minnesota. Seven States had between 125 and 150 mentally retarded residents per 100,000 persons: the District of Columbia, South Carolina, Vermont, Connecticut, Nebraska, Pennsylvania and Massachusetts.

- California, the most populous State, had 75.5 mentally retarded residents of institutions per 100,000 persons; New York, the second largest State, had 119.7 mentally retarded residents per 100,000 persons.

- Regional patterns were present in the State numbers of mentally retarded residents per 100,000 persons. The smallest rates were found in the South while the largest rates were in the Northeast (New England and Middle Atlantic) and West North Central areas.

- Nationally there were two-and-a-half times as many mentally retarded residents in public facilities as in the less restrictive community facilities.

- State to State variation in the relative numbers of public versus community facility residents was substantial, and regional patterns were evident. Public facility dominance was most pronounced in the South Atlantic States, where all but Florida had at least six times as many public as community residents, and some had considerably more than that. Most of the States in the East South Central and West South Central areas likewise had relatively high ratios of public to community residents. Mirroring the South Atlantic pattern, New York had almost six times as many public as community residents, and New Jersey had ten times as many.

- By contrast, several States in the East North Central and West North Central areas had more evenly balanced numbers of public and community facility residents, and Minnesota and Missouri had more community residents than public residents. Pacific States California and Washington had only about 50 percent more public than community residents, and Alaska had more community residents than public facility residents.

Explanatory Notes

Table V.4 presents data from a mail survey of residential facilities and foster homes for the mentally retarded, conducted as part of the Developmental Disabilities Project on Residential Services and Community Adjustment at the University of Minnesota. As defined in the source publication, public residential facilities are "state-sponsored or state-administered facilities providing comprehensive programming twenty-four hours a day, seven days a week." Community residential facilities are "community-based living quarters" with "responsibility for the room, board, and supervision of mentally retarded people on a twenty-four-hour basis, seven days a week." The foster homes included in the survey were licensed or contracted by the State "to provide mental retardation services." At the time of the survey, only twenty States had established foster homes of this type.

All 263 public residential facilities responded to the mailed questionnaires, as did 4,427 of the 5,039 known community residential facilities and 1,973 of 2,609 licensed foster homes. The total residents reported in the table are the number of persons residing in those facilities that responded to the questionnaires.

Because of the incomplete reporting by community residential facilities, the relative number of public and community residents may be significantly distorted in some States. Particular caution is suggested in viewing the totals for small States.

A further cautionary note is in order. With deinstitutionalization occurring throughout the country, both the number and characteristics of mentally retarded persons in institutional settings will have changed since 1977. See table I.A.5 for data on trends in the number of mentally retarded persons in institutions.

For other tables based on these same data see I.A.4 and I.C.7.

TABLE V.4

NUMBER OF FACILITIES AND MENTALLY RETARDED RESIDENTS IN PUBLIC RESIDENTIAL FACILITIES AND COMMUNITY RESIDENTIAL FACILITIES, BY STATE: 1977

State	Facilities		Mentally retarded residents			Mentally retarded residents per 100,000 civilian residential population
	Public residential facilities	Community residential facilities	Public residential facilities	Community residential facilities	Total	
United States, total	263	4,427	151,972	62,397	214,369	99.1
New England						
Maine	3	46	496	629	1,125	103.7
New Hampshire	1	18	664	105	769	90.6
Vermont	1	64	438	220	658	136.3
Massachusetts	9	157	5,581	1,848	7,429	128.5
Rhode Island	1	15	756	181	937	100.3
Connecticut	12	52	3,279	947	4,226	136.0
Middle Atlantic						
New York	21	167	18,134	3,314	21,448	119.7
New Jersey	8	84	7,946	789	8,735	119.2
Pennsylvania	17	354	9,473	6,102	15,575	132.2
East North Central						
Ohio	11	124	6,542	2,485	9,027	84.3
Indiana	6	42	3,289	479	3,768	70.7
Illinois	14	147	6,320	6,076	12,396	110.2
Michigan	12	474	6,318	4,126	10,444	114.4
Wisconsin	3	116	2,359	2,084	4,443	95.5
West North Central						
Minnesota	8	176	3,017	3,140	6,157	154.9
Iowa	2	45	1,432	1,150	2,582	89.6
Missouri	5	193	2,166	2,663	4,829	100.6
North Dakota	2	12	1,145	185	1,330	203.6
South Dakota	2	21	835	260	1,095	158.9
Nebraska	3	87	1,155	937	2,092	134.0
Kansas	4	102	1,443	1,089	2,532	108.8

TABLE V.4 Continued

NUMBER OF FACILITIES AND MENTALLY RETARDED RESIDENTS IN PUBLIC RESIDENTIAL FACILITIES AND COMMUNITY RESIDENTIAL FACILITIES, BY STATE: 1977

State	Facilities		Mentally retarded residents			Mentally retarded residents per 100,000 civilian residential population
	Public residential facilities	Community residential facilities	Public residential facilities	Community residential facilities	Total	
United States, total	263	4,427	151,972	62,397	214,369	99.1
South Atlantic						
Delaware	1	6	546	89	635	109.1
Maryland	6	26	2,926	374	3,300	79.7
District of Columbia	1	2	923	40	963	139.6
Virginia	5	51	4,076	508	4,584	89.3
West Virginia	4	9	822	56	878	47.2
North Carolina	6	74	3,659	643	4,302	77.8
South Carolina	4	27	3,617	310	3,927	136.6
Georgia	8	31	2,807	306	3,113	61.7
Florida	6	172	4,503	2,342	6,845	81.0
East South Central						
Kentucky	2	18	607	950	1,557	45.1
Tennessee	3	84	2,079	903	2,982	69.4
Alabama	4	17	1,791	207	1,998	54.1
Mississippi	4	13	1,666	354	2,020	84.5
West South Central						
Arkansas	5	16	1,682	215	1,897	88.5
Louisiana	8	20	3,617	1,256	4,873	124.3
Oklahoma	3	7	1,978	584	2,562	91.2
Texas	13	88	11,919	2,280	14,199	110.7

TABLE V.4 Continued

NUMBER OF FACILITIES AND MENTALLY RETARDED RESIDENTS IN PUBLIC RESIDENTIAL FACILITIES AND COMMUNITY RESIDENTIAL FACILITIES, BY STATE: 1977

State	Facilities		Mentally retarded residents			Mentally retarded residents per 100,000 civilian residential population
	Public residential facilities	Community residential facilities	Public residential facilities	Community residential facilities	Total	
United States, total	263	4,427	151,972	62,397	214,369	99.1
Mountain						
Montana	2	61	321	438	759	99.8
Idaho	1	21	453	266	719	83.9
Wyoming	1	12	533	101	634	156.2
Colorado	3	72	1,539	848	2,387	91.2
New Mexico	2	34	547	206	753	63.3
Arizona	3	26	973	343	1,316	57.3
Utah	1	14	849	412	1,261	99.5
Nevada	3	5	166	30	196	30.9
Pacific						
Washington	6	115	2,450	1,550	4,000	109.4
Oregon	2	65	1,781	811	2,592	109.1
California	9	772	9,725	6,870	16,595	75.5
Alaska	1	14	105	119	224	55.0
Hawaii	1	59	524	177	701	78.4

SOURCE: Developmental Disabilities Project on Residential Services and Community Adjustment, Brief No. 3, *1977 National Summary Between Public and Community Residential Findings*, table 2 and figure 6.

TABLE V.5

Highlights

- Reflecting the national pattern, all but three States showed reductions in the number of inpatients in State and county mental hospitals between the beginning and end of 1976. Only Arkansas, Utah and Hawaii—States with very small numbers of inpatients—experienced increases.

- Nationally there were 80 inpatients per 100,000 civilian residents, but the States varied considerably around this number.

- The District of Columbia had the highest rate at 381. The fact that the District is the central city of a large metropolitan area may have contributed to this high rate. New York had the second highest rate at 180, followed by West Virginia and Rhode Island at 146 and 140, respectively.

- North Carolina, Arkansas, Wisconsin, Hawaii and Idaho had fewer than 25 inpatients per 100,000 population.

- The Pacific and Mountain States tended to have below average numbers of inpatients relative to their size while the South Atlantic States had above average numbers.

- In general, however, regions showed considerable heterogeneity. Selective migration between adjoining States is one possible source of such diversity.

- Nationally there were 194 additions per 100,000 population, or 2.4 additions for every inpatient at the end of the year. State patterns were similar but not identical to those observed for inpatients at the end of the year. Thus States varied with respect to the ratio of additions to inpatients.

- The District of Columbia had the highest rate of additions at 733 per 100,000 total residents; the relative number of additions and inpatients was just below the national average. Rhode Island had the next highest rate of additions at 527 for a relatively high ratio of additions to inpatients. Georgia, Connecticut and Missouri were next highest with 459, 445 and 401—all more than double the national rate of additions. All three States had at least four times as many additions as inpatients.

- The South Atlantic States, which include Georgia and D.C., had relatively high numbers of additions to match their relatively high numbers of inpatients. Only Florida had comparatively few additions.

- Half of the States in the East North Central and West North Central areas had at least four times as many additions as inpatients—the result of above average or simply average additions combined with below average numbers of inpatients.

- Five States had fewer than half the national rate of additions. Of these, Idaho, Arizona and Utah also had fewer than half the national rate of inpatients. Alabama and Pennsylvania had close to or above the national rate of inpatients. Pennsylvania was the only State in the nation with fewer additions than inpatients—the former barely exceeding half the latter.

Explanatory Notes

Table V.5 presents data from the January 1977 Inventory of Mental Health Facilities, covering a universe of 300 State and county mental hospitals which operated for at least one month in 1976, the reporting year. The data were collected by the National Institute of Mental Health, Division of Biometry and Epidemiology.

State and county mental hospitals accounted for about two-thirds of mental health inpatients in 1976. The great majority of these hospitals were State operated. Only New Jersey, Michigan and Wisconsin had county mental hospitals. The table includes one hospital in D.C. which was operated by the Federal government.

Inpatients at the beginning (or end) of the year include persons physically present for 24 hours at the beginning (or end) of the year or away on short visits or unauthorized absence. Inpatient additions represent persons admitted to a mental hospital on an inpatient basis during the year. Inpatient additions include new admissions, readmissions, returns from long-term leave, and transfers from noninpatient divisions of the same hospital. Noninpatient service includes outpatient treatment and partial hospitalization.

Table I.A.7 provides a percentage distribution, by type of facility, of all mental health inpatients, additions and episodes in 1979. Table I.A.8 presents time trends from 1969 to 1979, by facility type, for the average daily inpatient census and the number of inpatient episodes.

TABLE V.5

PATIENT MOVEMENT AND CASELOAD FOR INPATIENT TREATMENT IN STATE AND COUNTY MENTAL HOSPITALS, BY STATE: 1976

State	Number of hospitals	Inpatients at beginning of year	Additions during year	Inpatients at end of year	Rate per 100,000 civilian resident population	
					Additions	Inpatients at end of year
United States, total	300	189,674	413,559	170,619	194	80
New England						
Maine	2	786	1,455	673	137	64
New Hampshire	1	1,184	1,376	912	168	111
Vermont	1	396	638	370	134	78
Massachusetts	11	5,272	11,551	4,122	199	71
Rhode Island	1	1,515	4,859	1,293	527	140
Connecticut	5	3,185	13,819	2,880	445	93
Middle Atlantic						
New York	35	35,812	39,200	32,503	217	180
New Jersey	10	8,886	13,107	7,629	179	104
Pennsylvania	21	14,926	7,311	13,334	62	113
East North Central						
Ohio	21	9,140	18,137	8,125	170	76
Indiana	8	4,581	8,356	4,270	158	81
Illinois	17	7,053	24,750	6,143	221	55
Michigan	14	4,799	14,385	4,439	158	49
Wisconsin	19	1,050	6,577	932	143	20
West North Central						
Minnesota	9	3,681	8,378	3,646	211	92
Iowa	5	1,226	5,567	1,097	194	38
Missouri	8	3,602	19,051	3,303	401	70
North Dakota	1	592	2,373	585	376	93
South Dakota	1	673	1,434	645	211	95
Nebraska	3	681	2,911	563	189	37
Kansas	3	1,475	4,077	1,456	179	64

TABLE V.5 Continued

PATIENT MOVEMENT AND CASELOAD FOR INPATIENT TREATMENT IN STATE AND COUNTY MENTAL HOSPITALS, BY STATE:

1976

State	Number of hospitals	Inpatients at beginning of year	Additions during year	Inpatients at end of year	Rate per 100,000 civilian resident population	
					Additions	Inpatients at end of year
United States, total	300	189,674	413,559	170,619	194	80
South Atlantic						
Delaware	2	824	1,814	727	315	126
Maryland	6	4,751	11,292	4,447	275	108
District of Columbia	1	2,821	5,082	2,638	733	381
Virginia	9	6,334	14,049	5,995	287	123
West Virginia	7	2,864	4,008	2,649	220	146
North Carolina	4	4,651	16,470	4,193	307	78
South Carolina	3	4,097	4,995	3,658	180	132
Georgia	8	6,317	22,532	5,551	459	113
Florida	5	6,296	8,250	5,894	99	71
East South Central						
Kentucky	5	1,195	3,674	1,097	108	32
Tennessee	5	4,258	8,065	3,898	192	93
Alabama	3	2,789	3,144	2,536	86	70
Mississippi	2	3,609	4,779	2,615	205	112
West South Central						
Arkansas	2	371	2,587	388	123	18
Louisiana	3	2,563	8,298	2,293	218	60
Oklahoma	3	2,189	7,678	2,109	281	77
Texas	11	7,431	25,019	6,408	203	52

TABLE V.5 Continued

PATIENT MOVEMENT AND CASELOAD FOR INPATIENT TREATMENT IN STATE AND COUNTY MENTAL HOSPITALS, BY STATE: 1976

State	Number of hospitals	Inpatients at beginning of year	Additions during year	Inpatients at end of year	Rate per 100,000 civilian resident population	
					Additions	Inpatients at end of year
United States, total	300	189,674	413,559	170,619	194	80
Mountain						
Montana	1	904	1,250	668	167	89
Idaho	2	221	714	200	87	24
Wyoming	1	276	719	271	186	70
Colorado	3	1,311	6,195	999	244	39
New Mexico	1	337	1,972	312	171	27
Arizona	1	673	1,343	646	60	29
Utah	1	297	603	315	49	26
Nevada	1	264	922	217	154	36
Pacific						
Washington	2	1,272	3,553	1,225	100	34
Oregon	3	1,197	5,621	1,095	242	47
California	7	8,772	27,965	8,377	132	39
Alaska	1	115	749	102	210	29
Hawaii	1	160	905	176	109	21

SOURCE: National Institute of Mental Health, *Statistical Note* No. 153, tables 4 and 5.

APPENDICES

1. SOURCE REFERENCES

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2. PRIMARY DATA SOURCES USED IN THIS REPORT

INTRODUCTION

The data presented in the 52 tables of this Digest were drawn from three types of sources: household sample surveys, institution or facility surveys, and administrative records. The specific sources representing each type are listed below:

Household sample survey

- National Health Interview Survey (National Center for Health Statistics)
- 1978 Survey of Disability and Work (Social Security Administration)
- 1980 Census of Population (Bureau of the Census)

Institution or facility survey

- 1977 National Nursing Home Survey (National Center for Health Statistics)
- 1977 National Survey of Community Residential Facilities (Center for Residential and Community Services, University of Minnesota)
- Inventory of Mental Health Facilities and related surveys (National Institute of Mental Health)
- 1980 Elementary and Secondary Schools Civil Rights Survey (Office for Civil Rights, U.S. Department of Education)

Administrative records on program participants (source agencies)

- Social Security Administration
- Veterans Administration
- Wage and Hour Division, U.S. Department of Labor
- Office of Special Education and Rehabilitative Services

The explanatory notes that accompany the tables contain brief descriptions of the individual primary data sources. This appendix provides more detailed and technical information on the data sources and concludes with a discussion of reliability in sample surveys. Much of the information presented here is drawn from the original source publications cited in the tables themselves.

HOUSEHOLD SAMPLE SURVEYS

Household sample surveys are the principal source of data on the prevalence of disabilities and the personal characteristics of disabled persons in the general population. Of the 52 tables contained in this Digest, 28 were drawn from household surveys. Of these 28 tables, 21 were drawn from the National Health Interview Survey, 6 were taken from the Survey of Disability and Work, and one was obtained from the 1980 Census.

National Health Interview Survey

The National Health Interview Survey (NHIS) collects information on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, and other health topics from a continuing nationwide sample of households. The sample is representative of the civilian, noninstitutionalized population living in the United States at the time of the interview.

Interviews with sample households are distributed over the year. The NHIS sample exhibits a multistage probability design and is constructed in such a way that the households interviewed each week are representative of the target population and that the weekly samples are additive over time. The weekly samples confer a number of advantages for a survey of this type. One such benefit is that they allow the reporting of events (e.g., bed disability days, hospital visits) to be based on a very short recall period, thereby increasing survey accuracy and reducing the impact of deaths on the representativeness of the results.

The NHIS sample consists of approximately 42,000 households or about 111,000 persons. The Digest reports data collected in the NHIS in several different years, ranging from 1965 to 1980. The 1979 and 1980 surveys are used most extensively, with some tables presenting combined estimates for the two years. Sample sizes vary somewhat from year to year. Actual sample sizes for individual years are reported in the explanatory notes for tables drawn from the NHIS.

The sample selection and interviewing are conducted by the U.S. Bureau of the Census, according to specifications provided by the National Center for Health Statistics. The latter organization performs the data coding, editing and tabulation.

The concept of chronic activity limitation used in the NHIS is the principal indicator of disability employed in this Digest. Persons are classified into one of four levels according to the degree to which their activities are limited as a result of chronic conditions. Activity limitations are defined differently for preschool children, school-age children, housewives, and a fourth group consisting of workers and other persons. The following definitions of activity limitations, by group, are provided by NCHS:

1) *Persons unable to carry on the major activity for their group include:*
   - Preschool children:
     —Inability to take part in ordinary play with other children;
   - School-age children:
     —Inability to go to school;
   - Housewives:
     —Inability to do any housework;
   - Workers and all other persons:
     —Inability to work at a job or business.
2) *Persons limited in the amount or kind of major activity performed include:*

- Preschool children:
  —Limited in amount or kind of play with other children, e.g., need special rest periods, cannot play strenuous games, or cannot play for long periods at a time;
- School-age children:
  —Limited to certain types of schools or in school attendance, e.g., need special schools or special teaching or cannot go to school full time or for long periods at a time;
- Housewives:
  —Limited in amount or kind of housework, e.g., cannot lift children, wash or iron, or do housework for long periods at a time;
- Workers and all other persons:
  —Limited in amount or kind of work, e.g., need special working aids or special rest periods at work, cannot work full time or for long periods at a time, or cannot do strenuous work.

3) *Persons not limited in their major activity but otherwise limited include:*

- Preschool children:
  —Not classified in this category;
- School-age children:
  —Not limited in going to school but limited in participation in athletics or other extracurricular activities;
- Housewives:
  —Not limited in housework but limited in other activities such as church, clubs, hobbies, civic projects, or shopping;
- Workers and all other persons:
  —Not limited in regular work activities but limited in other activities such as church, club, hobbies, civic projects, sports, or games.

4) *Persons not limited in activities include:*

All persons not classified above.

For adult women, who might potentially be classified either as workers or housewives, usual activity is based on what that person was doing most of the past 12 months. A female respondent who indicated that what she was doing most of the past 12 months was keeping house would have been questioned about limitations in her ability to do housework. If her health prevented her from working but not from doing housework, she would be classified as having no limitation of activity, even though she in fact had what might be labeled elsewhere as a work disability. For a discussion of how this aspect of the definition of activity limitation may affect some of the disability statistics, see the explanatory notes to tables I.B.1 and I.B.4.

Survey of Disability and Work

The 1978 Survey of Disability and Work was designed to fulfill multiple objectives, some of them relating to the operation of government programs for disabled individuals and others relating more generally to the prevalence of disabilities and the characteristics of disabled persons. Because of the need to obtain a sizable sample of Social Security Disability Insurance beneficiaries for some of the study objectives, a two-frame sampling approach was adopted. The first frame, representing the civilian noninstitutionalized population aged 18-64 in June 1978, was drawn from the annual sample of the 1976 NHIS. The second frame consisted of recent Social Security Disability Insurance beneficiaries and recently denied applicants (also noninstitutionalized) and was drawn from the Social Security Administration's Master Beneficiary Record. More specifically, the sampled records consisted of beneficiaries who became entitled during the five years prior to September 15, 1977, or applicants denied eligibility between January 1 and September 15, 1977. Both sampling frames were stratified to permit oversampling of particular types of persons. Members of the NHIS frame were classified into five disability groups on the basis of reports of chronic conditions and activity limitation, usage of medical services, and employment status. Persons in the three most disabled groups were oversampled to provide a combined sample nearly as large as that of the first two groups. The social security sample was stratified by age; younger beneficiaries were oversampled relative to older beneficiaries. Interviews were completed with 5,652 persons from the NHIS frame and 4,207 persons from the social security frame. These observations were weighted to provide a representation of the civilian noninstitutionalized population age 18-64 in summer 1978.

Based on a comparison with Census Bureau estimates of the civilian noninstitutionalized population 18-64 in August 1978, the estimates from the Survey of Disability and Work overstate the number of men by nearly 1.4 million and understate the number of women by 2.4 million. These discrepancies are not distributed uniformly by age, as the following comparison of the two sets of estimates shows:

	Survey of Disability and Work	Current Population Survey
Men 18-34	28,703	29,426
35-44	12,210	11,530
45-54	11,799	11,075
55-64	10,344	9,658
All men	63,056	61,689
Women 18-34	29,501	31,264
35-44	12,677	12,457
45-54	11,865	11,866
55-64	9,950	10,800
All women	63,993	66,387

Because of these discrepancies, which are not acknowledged in the Disability Survey publications cited in this Digest, estimates of the *total numbers* of persons in different disability categories are presumably incorrect. To what extent the weighting problem may affect reported percentages as well as population counts is not certain. The reader is probably well advised to interpret even the percentages cautiously.

The measure of work disability used in the Survey of Disability and Work retains the basic disability concept used in earlier disability surveys conducted by the Social Security Administration. Disability is defined as a limitation in the kind or amount of work or housework a person can do, as the result of a chronic health condition or impairment lasting three months or longer. Work disability ranges from an inability to perform any kind of work at all to secondary limitations in the kind of work that can be performed.

For women, there is an important difference between the operationalization of work disability and the concept of activity limitation used in the NHIS. Work disability refers primarily to the ability to work at a job for pay and only secondarily to the ability to work around the house. A female respondent who indicated that her health kept her from working altogether would be classified as severely disabled and not even asked about her ability to perform housework. If she reported no limitations in her ability to perform income-producing work but did indicate limitations in her ability to perform housework, she would be classified as having a secondary work limitation. One additional aspect of the classification of respondents by work disability is noteworthy. Members of the social security sampling frame who were receiving disability benefits were automatically classified as severely disabled, unless they indicated a lesser degree of work disability.

Census of Population

The census is conducted at ten year intervals by the U.S. Bureau of the Census. The census collects basic demographic information for every resident of the United States and its territories plus a wide range of additional information for a sample of residents. In 1980 the basic demographic data collected on a 100 percent basis included age, sex, race, marital status, Spanish origin, and relationship to the householder. Data collected on a 19 percent sample basis included such items as educational attainment, employment, annual income in 1979, and disability status.

Work disability and public transportation disability were assessed by self-report in 1980. The explanatory notes that accompany table V.1 reproduce the questions used to elicit these responses.

While the disability information obtained in the census is quite limited, other aspects of the census make it a valuable resource for research on the disabled population. Three features are noteworthy. First, in comparison with the NHIS, the census collects more detailed measures of certain personal and household characteristics. The income data in particular are much better in the census than the NHIS, so the census would be a good resource for research on the income implications of work disability. Second, because of the size of the sample (over 40 million versus 110,000 for the NHIS) the census can provide considerable geographic detail, as illustrated by table V.1. This makes it very useful to State and even local policy makers and researchers. Third, the census includes the institutionalized population. While very little data are collected on residents of institutions, the census provides a fairly accurate count by detailed type of institution. Again, this information is not available elsewhere. Data on the institutional population nationwide are published in a special report that is among the last publications prepared from the census. The 1980 volume was not yet available as this Digest was being prepared.

INSTITUTION OR FACILITY SURVEYS

Household surveys and administrative data sources generally exclude an important segment of the disabled population, namely, persons in institutions. Generally speaking, institutional residents include the most severely disabled members of the disabled population. In preparing this Digest, one objective was to account for as much of the institutionalized population as possible and to provide the reader with some basis for assessing the size of the group excluded from each general population table. Periodic surveys of particular types of institutions provide data that are sometimes comparable to the information collected on the noninstitutionalized disabled via household surveys. At a minimum, they may provide information on the age and sex distribution of institutional residents, and this can be useful simply to document how many persons the household surveys exclude in each age-sex category. In all, 13 tables based on institutional surveys are included in this Digest.

National Nursing Home Survey

The 1977 National Nursing Home Survey (NNHS), conducted by the Division of Health Care Statistics of the National Center for Health Statistics (NCHS), was the second in a series of such surveys. The first survey was conducted between August 1973 and April 1974; the third survey entered the field in 1984. These surveys collected information on a sample basis from nursing homes, their residents and staff, and persons discharged.

The universe of the NNHS consisted of nursing homes listed in the 1973 Master Facility Inventory and nursing homes that opened for business after 1973. The

Master Facility Inventory is a census of inpatient health facilities conducted every two to three years by NCHS. The final sample of 1,451 facilities that responded to the survey represented a universe of 18,900 nursing homes.

Residents, discharges and staff were sampled from the reporting facilities. An average of five residents, four discharges, and ten staff members per facility were selected for interviews. The sampling frame for residents consisted of all residents registered at a facility the evening before the day of the survey. Residents temporarily absent were included in the sample frame. The sampling frame for discharges consisted of all persons discharged, whether alive or dead, during calendar year 1976. The sampling frame for employees was all employees involved in providing direct or health-related services.

Residents were interviewed by proxy, with responses provided by the member of the nursing staff most familiar with the resident. The nurse consulted the resident's medical record as necessary (this was particularly important for diagnostic conditions).

National Survey of Community Residential Facilities

The 1977 National Survey was conducted as part of the Developmental Disabilities Project on Residential Services and Community Adjustment, based at the University of Minnesota. The survey obtained mailed questionnaire responses from three types of facilities providing residential care to mentally retarded persons: public residential facilities, which were State-sponsored or administered facilities providing comprehensive programming on an around-the-clock basis (they excluded mental hospitals, however); community residential facilities, which were community-based living quarters that provided room, board, and around-the-clock supervision of mentally retarded people; and foster homes, which were facilities specially licensed or contracted to provide foster care to the mentally retarded. All 263 public residential facilities responded to the questionnaire; 87.9 percent of the 5,039 identified community residential facilities responded; and 76 percent of the 2,609 identified foster homes returned the questionnaire.

The survey collected information on the facilities themselves (e.g., location, size, ownership, type and reimbursement rates) and on the number and characteristics of residents (including their age, level of retardation, and previous and subsequent residential placement). Information on residents was supplied on an aggregate basis, i.e., each facility indicated how its residents were distributed by age, level of retardation, handicaps or other diagnostic conditions, previous placement, and other characteristics. No data were compiled on individual residents, so it is not possible to cross-classify the residents by multiple characteristics.

Another census of residential facilities was conducted in 1982, following very similar procedures and collecting basically the same kinds of information as the 1977 survey. Preliminary reports from the Center for Residential and Community Services at the University of Minnesota were becoming available as this Digest was in preparation.

Surveys of Mental Health Facilities

The National Institute of Mental Health (NIMH), Division of Biometry and Epidemiology, collects, compiles and publishes data on mental health facilities and their inpatient populations. A mental health facility is defined by NIMH as an administratively distinct agency or institution whose primary concern is the provision of direct mental health services to the mentally ill or emotionally disturbed. Such facilities include the separate psychiatric units of general hospitals.

Data on mental health facilities are obtained through a number of survey vehicles, including the Inventory of Mental Health Facilities and the Annual Census of State and County Mental Hospital Inpatient Services. The Inventory of Mental Health Facilities is an annual, mail census of facilities. Data collected through the Inventory include the types of services provided besides inpatient, the number of beds, the number of inpatients at the end of the reporting year, the number of inpatients added during the year, the numbers of discontinuations and deaths, the number of staff members by discipline, and the total expenditures for the year. The Annual Census of State and County Mental Hospital Inpatient Services obtains from the State mental health offices data on the number of inpatients and additions, classified by age, sex and diagnosis.

Surveys of Institutions for Mentally Retarded Persons

For more than forty years the Federal government conducted and published data from an annual census of institutions for the mentally retarded. This effort ended in 1970, just as the number of mentally retarded persons in State-operated facilities had reversed its long-term trend and begun to decline (see table I.A.5). Several surveys, with a mix of private and public funding, were undertaken to fill the vacuum during this critical period, and they do provide a record of the sharp decline in the number of mentally retarded residents. However, as the notes to table I.A.5 document, differences among these surveys with respect to coverage and the definition of particular indicators of patient movement create inconsistent time series that hamper the assessment of trends. The notes to table I.A.5 document the array of sources that had to be combined to produce time series of institutional residents, admissions and releases since 1970.

Elementary and Secondary Schools Civil Rights Survey

As part of its mandate the Office for Civil Rights within the Department of Education conducts a sample survey of public school districts and individual schools to obtain data on participation in special education by race and ethnicity. The 1980 survey obtained information from approximately 5,000 school districts and 51,000 individual schools. The civil rights survey represents one of two regular data sources on participation in special education. The other source is discussed under administrative data sources. Because of differences in coverage and methodology, the two sets of estimates diverge widely, and there is disagreement as to which is the more accurate once differences in coverage have been taken into account.

ADMINISTRATIVE RECORDS ON PROGRAM PARTICIPANTS

Federal programs targeted at disabled persons generate statistical data as a by-product of record-keeping for program administration or in response to reporting requirements. These data provide counts of persons who applied for and have been certified to receive various kinds of disability assistance. The number of participants in a given program does not represent a complete count of the target population, however, as some members of the target population may not participate. This is particularly true for programs that operate as limited services rather than entitlements. Moreover, some programs define their target populations according to criteria that go beyond disability level. Supplemental Security Income, for example, includes a means test in its eligibility requirements.

Of all the programs that serve disabled persons, special education probably comes closest to universal participation by the impaired populations at which it is targeted. For this reason, estimates of participants in special education programs probably represent the most complete estimates of persons in a given age group with particular sets of impairments. This is certainly true with respect to developmental disabilities. In fact, for no other age group does any data source provide a better estimate of the mentally retarded population than do special education data for children of school age. Even here, however, it must be recognized that the estimates are not perfect. Some mentally retarded children do not show up in special education statistics, while at the same time there is concern that some of the children who do get counted should not be classified as mentally retarded.

As part of the reporting requirements under the Federal laws mandating free public education for the handicapped, the Office of Special Education and Rehabilitative Services receives from the States counts of children enrolled in special education programs. These counts are provided by handicapping condition and age group. While the universe covered by these statistics differs to some degree from that covered by the aforementioned Office for Civil Rights survey, the estimates differ even when this difference is taken into account. For the years covered in tables III.A.1 and III.A.3, the estimates from the Office of Special Education exceed those from the Office for Civil Rights. As of yet, there does not appear to be a substantial consensus that one particular source is more accurate than the other, and the Department of Education continues to issue both sets of estimates.

The Social Security Administration compiles and publishes statistics on the disability programs that it administers: Social Security Disability Insurance and Supplemental Security Income. The Veterans Administration compiles and publishes statistics on recipients of Veterans Compensation and Pension benefits. The Wage and Hour Division of the Department of Labor maintains statistics on sheltered work programs, and the previously mentioned Office of Special Education and Rehabilitative Services compiles statistics on recipients of vocational rehabilitation services.

RELIABILITY OF ESTIMATES

Two aspects of reliability are discussed here: sampling error and nonsampling error. Sampling error pertains only to sample survey estimates, whereas nonsampling error occurs to some degree in every data source.

Sampling Error

Many of the tables presented in this Digest are based on sample surveys, and the estimates are subject to sampling error. In statistical terms, each estimate may be regarded as having been chosen at random from a distribution centered around the true value. The estimate may happen to equal the true value exactly, but more likely it deviates from the true value by some unknown amount. The average amount of this error is identified as the standard error of the estimate, and the computational formula of the standard error (the standard error equals the square root of the mean squared error) is such that there is a 68 percent chance that the estimate lies within one standard error of the true value.

The magnitude of the standard error declines as the size of the sample upon which the estimate is based increases. The source publications for many of the tables provide information from which the standard errors of the statistics in those tables may be approximated. The interested reader is referred to those publications. To provide some indication of the statistical reliability of the estimates in each table, however, we have identified with an asterisk (*) estimates for which the estimated standard error exceeds 30 percent of the size of the estimate. This convention is used in publications from the National Center for Health Statistics, the ultimate source of many of the tables presented here. For consistency, we have applied this rule in all other tables based on sample surveys.

Tables have been constructed in such a way that very few entries, if any, have relative standard errors in excess of 30 percent. For most of the estimates the relative standard errors are much smaller than 30 percent; in other words, their statistical reliability is very high.

The statistical reliability of an estimate has implications for comparisons with other numbers in the same table (for example, the proportions of men and women with severe activity limitations). The difference between two numbers has sampling error just as do the individual numbers. The magnitude of this standard error is in part a function of the standard errors of the individual numbers being compared. To infer that there is a true difference between two numbers, it is commonly required that the difference between the two estimates be at least twice as large as the estimated standard error of this difference.

Because the reliability of most of the estimates in the tables is so high, the reader can assume generally that if a difference between two estimates is large enough to be of practical importance, the true difference is indeed greater than zero. The only exception to this rule involves estimates with asterisks. It is recommended that inferences not be drawn about the difference between two asterisked numbers. On the other hand, a comparison between an asterisked estimate and a non-asterisked estimate usually will support inferences about true differences.

Nonsampling Error

Nonsampling error or bias may affect complete census as well as sample survey estimates. Measurement error is the principal kind of nonsampling error of concern. If respondents to a census or survey do not always know the precise answer to a question (e.g., the age of another person in the household, or some aspect of their medical condition), their responses will contain error, and this will lower the reliability of any estimates that are based on those responses. The problem of nonsampling error becomes more serious when such error is systematic. This could be the result of respondents being reluctant to divulge something in particular about themselves or a consequence of the question structure or the interviewer's guiding the responses in a particular direction.

Selection bias is another type of nonsampling error. While the selection of respondents for a sample survey may be random within sampling strata, some of the selected respondents may refuse to participate or may be otherwise unavailable. If these persons differ in any way from the respondents, their exclusion could bias the survey results in a particular way.

Two examples are pertinent. First, if persons living alone are absent from their household because of hospitalization, they will be excluded from the survey. For persons living in a household with others, their hospitalization will not preclude their household's being included in the survey. This difference between the two types of persons could affect estimates of hospitalization and pathological conditions among single persons versus those in family or other multiperson living arrangements. The second example is drawn from the surveys of institutions that are the basis of estimates of the institutionalized mentally retarded population. These surveys are, in effect, censuses rather than sample surveys, in that all facilities are requested to provide information on their residents. Not all institutions reply, however, and the possibility exists that those that do not may differ in some way from those that do respond. Without independent information on the nonresponders it is not possible to determine whether there are any differences of note. If some information is available, on the other hand, it is at least possible to determine whether the facilities differ on known characteristics and to draw some inferences based on this.

If it is known that the responses to a particular question are biased in a specific direction, then conclusions drawn from these data can be tempered accordingly. On the other hand, if there is unsuspected response bias, then incorrect conclusions may result.

Nonsampling error is a particular problem when comparing two groups that differ in ways that affect the characteristic being measured. As a case in point, consider comparisons of chronic activity limitations between men and women. Limitations are defined relative to the usual activity for a particular person's age group, except that at certain ages there is an option as to what is considered usual, and that person's own usual activity is taken into consideration. Within the ages of 17 to 44, working is defined as the usual activity for men not in school, while working or housework are options for women. A woman unable to work because of an impairment could end up being classified as a housewife and her work disablity might have no bearing on her assignment to an activity limitation status. For men this does not happen, and the effect could be an understatement of the proportion of women who are unable to perform their usual activity, relative to what is observed among men.

Finally, when a respondent refuses or otherwise fails to answer a question, a response may be imputed to that respondent when the data are being assembled for subsequent use, and there is error associated with this imputation. If no imputation is made, leaving this respondent out of estimates involving that particular question carries its own potential for error, as it entails an implicit assumption that the person who failed to respond is similar to the average respondent. Published data from Federal statistical agencies frequently incorporate adjustments for nonresponse.

3. DATA NEEDS

INTRODUCTION

There remain important gaps in the available statistical information on the disabled population over and above whatever gaps are the direct result of a lack of consensus on an operational definition of disability. In addition, there are a number of areas where the available data are severely limited, either in their accuracy or their detail. This appendix reviews several areas of data needs that became apparent during the preparation of this Digest.

PREVALENCE OF CHRONIC CONDITIONS

The National Health Interview Survey (NHIS) provides estimates of the prevalence of a large number of acute and chronic conditions and in so doing makes it possible to investigate the relationship between the presence of various conditions and the extent of chronic activity limitation. The revision of the format of NHIS data collection on chronic conditions has increased the currency of these prevalence estimates while exacting some cost in statistical precision. However, there are some major conditions for which the prevalence estimates are acknowledged to be very low. In part this reflects the design of the NHIS questionnaire and in part it reflects the inadequacy of a brief household survey in obtaining information on the prevalence of particular kinds of conditions.

It is known, for example, that conditions not specifically identified in the six lists administered to respondents are underestimated. One such group acknowledged by the National Center for Health Statistics is cancer. Adding to whatever difficulty might arise from the sensitivity of respondents is the fact that cancers could be included in several of the six condition groups. This shortcoming is not insignificant. Table III.B.4 shows that neoplasms accounted for over 10 percent of the new awards of Social Security Disability Insurance in 1978.

MULTIPLE CONDITIONS

As explained in the notes to table I.A.2, the manner in which reports of chronic conditions are obtained in the NHIS permits the observation of only particular kinds of multiple conditions, namely, combinations of conditions within the same broad condition group (of which there are six). It is evident from the frequencies of individual groups of conditions that combinations of conditions across condition groups occur with sufficient frequency to make them of research interest. Without being able to identify cases of such multiple conditions in data sets like the NHIS, researchers are unable to investigate the impact of multiple conditions on disability.

DEVELOPMENTAL DISABILITIES

It is widely recognized among policy makers and researchers in the area of developmental disabilities that good estimates of the size of the developmentally disabled population are lacking. This Digest contains no estimates of the size of the developmentally disabled population, other than mentally retarded persons in particular types of institutions and in special education programs. State estimates prepared under earlier Federal reporting requirements had a very broad distribution over the range of 3 percent to 5 percent of the total population, leaving a huge margin of uncertainty. In part because of the problems with these data the earlier reporting requirements were suspended.

Part of the problem is definitional. The Federal law defining developmental disability was amended in 1978. In addition, household surveys miss the institutionalized portion of the population, and Federal surveys of institutions for the mentally retarded were interrupted during the period of sharp decline in institutionalization. Household surveys face a further problem in that the noninstitutionalized developmentally disabled are very difficult to identify. Procedures that rely on self-report are inadequate.

Developmental disabilities councils in a small number of States have prepared estimates that are felt in some circles to be more accurate than previous estimates, but evaluation of these estimates has not advanced to the point where any conclusions can be drawn about the suitability of the procedures. Independent evaluation of these estimates, including an attempt to reconcile the estimates for different States, could prove valuable to work in this area. The need for better estimates for planning purposes is widely acknowledged.

MENTAL ILLNESS

Estimation of the prevalence of mental illness poses even greater problems than those presented by mental retardation. These problems are the result of wide variation in definition, diagnosis, and self-acknowledgment and of very high turnover in institutional populations (see table I.A.7). Operationally, the concept of prevalence may not be a very useful one. Approaching the problem from the perspective of service utilization and potential service utilization would probably prove to be more fruitful in the long run.

ONSET OF DISABILITY

The sources consulted for estimates of the prevalence of disability and of impairments and chronic conditions contained little if any information on the onset of such statuses or their duration. The NHIS, for example, obtains only enough information on onset to distinguish between chronic and acute conditions and to prepare estimates of incidence. With better data on onset and duration, it would be possible to develop improved understanding of the long-term implications of disability.

INCOME

The weakness of the income data collected in the NHIS is unfortunate because the NHIS is the only survey that collects data on both diagnostic conditions and limitation of activity. The Census and the Current Population Survey collect much better income data than the NHIS, but their disability indicators are largely limited to measures of work disability. Given that work disabilities are probably the most relevant to income implications, these data could support valuable analyses.

Perhaps as valuable as data on income would be information on the financial expenditures associated with disability. It is conceivable that for many persons the economic implications of disability are more strongly reflected in the out-of-pocket expenditures that disabilities require than in the income lost as a result of employment limitations. The NHIS and Current Population Survey do not collect data on expenditures on a regular basis. Special surveys of health care expenditures may provide such data periodically.

4. INDEX MATRIX

TABLE LOCATIONS BY DISABILITY INDICATOR AND ADDITIONAL DATA ITEMS PRESENTED

Additional data items presented	Diagnostic conditions and indicators of disability						
	Selected impairments and chronic conditions	Chronic activity limitation	Work disability (SSA survey)	Work disability (Census)	Public transportation disability	Need for assistance of another person	Use of special aids
Demographic characteristics							
Age and sex	3,5,125,129	25,31,35,43,45,57, 83,85,89,91,93,95	33,67,69, 73,75,77		133	39	41
Race/ethnicity	125		33				
Diagnostic condition (e.g., visual, hearing or orthopedic impairment; chronic circulatory condition)		27,35,129					
Functional limitation		43,45					
Employment status			67,69,73,77	133			
Income or benefit level	125	83,85	75				
Educational level	125						
Living arrangement		55,57					
Geographic location							
State				133	133		
Region/metro-nonmetro area	125						
Health care utilization		89,91,93,95					
Time trends		31					

TABLE LOCATIONS BY DISABILITY INDICATOR AND ADDITIONAL DATA ITEMS PRESENTED

Additional data items presented	Disability program participants					Residents of institutions			
	Special education	Social Security Disability Insurance	Supplemental Security income	Veterans Compensation and Pension	Vocational rehabilitation	Sheltered work	Residences for mentally retarded persons	Mental health facilities	Nursing homes
Demographic characteristics									
Age and sex	101	109,115,117	115	119			11		15,47,49,61,63
Race/ethnicity	105								49
Diagnostic condition (e.g., visual, hearing or orthopedic impairment; chronic circulatory condition)	101,103,105,137	117	117				11		15
Functional limitation							17		47,49
Employment status									
Income or benefit level		109,115	113						
Educational level									
Living arrangement							13,51,145	17,19	63
Geographic location									
State	137	141	141				145	149	
Region/metro-nonmetro area									
Health care utilization									
Time trends		109	113		121	79	13	19	

5. SELECTED LIST OF INFORMATION RESOURCES

SELECTED LIST OF INFORMATION RESOURCES

This appendix was produced by the National Institute of Handicapped Research.

The following section contains general descriptive information on organizations (with two exceptions, federal agencies) which publish and, in most cases, collect statistical information on the incidence and prevalence of disabling conditions. The data gathering activities of the agency are described and the most relevant publications are listed. The serious researcher will want to explore the availability of unpublished data from offices which, as indicated, allow some form of access to computerized databases.

The federal government is the principal collector of statistical information on disabled persons in the United States. There are other sources of data, however, which though limited in terms of disabling condition and/or geographical regions covered, provide helpful information (for those whose information) needs have similar limitations). For example, national voluntary organizations serving persons with disabling conditions often develop estimates of the number of people with the disability; social, economic and psychological data on these persons; and bibliographies of other statistical studies. Among the organizations which provide this type of information are the National Association of the Deaf, the Association for Retarded Citizens, and the American Foundation for the Blind.

Persons interested in statistics on hearing impaired persons may take advantage of the data compiled by the Center for Assessment and Demographic Studies, Gallaudet College (800 Florida Avenue, N.E., Washington, 20002, (202) 651-5300), which attempts to gather data on the entire hearing impaired population through college age in the United States.

State agencies often have a wealth of statistical information on various aspects of disability. Many developmental disabilities agencies have data banks on clients served. Vocational rehabilitation agencies frequently can give detailed information on clients. Health and labor departments, the Governor's Committee on Employment of the Handicapped, and the state office responsible for maintaining census data are other possible sources of statistical information. Additionally, various state and local jurisdictions have established offices for disabled individuals, and may be aware of local statistical resources.

National Center for Health Statistics
Public Health Service
U.S. Department of Health and Human Services
3700 East-West Highway, Room 1-43
Hyattsville, MD 20782
(301) 436-8500

The National Center for Health Statistics (NCHS) is the only federal agency established specifically to collect and disseminate data on health in the United States. The Center designs and maintains national data collection systems, conducts research in statistical and survey methodology and cooperates with other agencies in the United States and in foreign countries to increase the availability and usefulness of health data.

Through its surveys and inventories, the Center produces and disseminates data on illness and disability, including their prevalence. Data have been collected on a number of disabling conditions; data on the prevalence of most conditions include some indicators of severity and impact. Also collected are data on the supply and use of health services.

The published reports produced by the Center include the following:

Vital Statistics of the United States, published annually. Contains the official U.S. statistics on births, deaths, fetal deaths, marriages and divorces.

Monthly Vital Statistics Report, which gives monthly and cumulative data on vital statistics.

Vital and Health Statistics Series, which contains data on program and collection procedures; on evaluation and methods research; on health resources utilization, manpower and facilities; and on natality, mortality, marriage, divorce and family growth. Data on the Health Interview Survey (Series 10) provides statistics on illness, accidental injuries, disability, use of hospital, medical, dental and other services, and other health related topics. The Health Examination Survey (Series 11) reports on data from direct examination, testing and measurement of national samples of the civilian, noninstitutional population; estimates of the medically defined prevalence of specific diseases in the United States and distributions of the population with respect to physical, physiological, and psychological characteristics are given.

Prevalence of Selected Impairments, 1977, which gives statistics on impairments involving vision, hearing, speech, paralysis, absence of extremities, and orthopedic conditions by type, impact, and etiology. Distributions are by age, sex, race, family income, education of head of family, usual activity status, place of residence, geographic region, and associated chronic activity limitation. Data were collected during the 1977 Health Interview Survey.

Current Estimates from the National Health Interview Survey, produced yearly, contains estimates of the incidence of acute conditions, the number of persons reporting limitation of activity, the number of persons injured, hospital episodes, disability days, and frequency of dental and physician visits. The 1979 edition includes chronic conditions and six major impairments.

Use of Special Aids, based on data collected in the 1977 Health Interview Survey, gives statistics on the use of artificial limbs, braces, crutches, canes, wheelchairs, walkers, and other special aids.

Characteristics of Nursing Home Residents: Health Status and Care Received, which analyzes part of the data collected during the 1977 National Nursing Home Survey.

Catalog of Publications of the National Center for Health Statistics, an index to the Center's major reports according to demographic and socioeconomic variables.

Bureau of the Census
U.S. Department of Commerce
Washington, DC 20233
(301) 763-4100

The major functions of the Bureau of the Census are authorized by the Constitution, which provides that a census of the population be taken every 10 years, and by laws codified as Title 13, U.S. Code. The law also provides that information collected by the Bureau be kept confidential and be used strictly for statistical purposes.

The Bureau is a general purpose statistical agency which collects, tabulates, and publishes a wide variety of statistical data about the people and the economy of the United States. These data are utilized by Congress, the executive branch, and the public in the development and evaluation of economic and social programs. In addition, the Bureau conducts special censuses at the request and expense of states and local government units; publishes estimates and projections of the population; provides current data on population and housing characteristics; and issues current reports on other subjects.

The principal products of the Bureau are its printed reports, computer tapes, and special tabulations. However, it also produces statistical compendia, catalogs, guides, and directories which are useful in locating information on specific subjects.

The 1980 U.S. Census included questions on work and transportation disability in the "long" census form, which about 20% of the population received. Disability estimates based on analysis of these data are given in a series of publications entitled *General Social and Economic Characteristics*. The set consists of 59 soft cover books and includes a U.S. Summary report and a report for each state and territory. The state reports present data on the state, its counties, and places of 2,500 or more inhabitants. Volumes in this series may be purchased from the Government Printing Office. Ordering information may be obtained from the Census Bureau at the above address and phone.

Public use computer tapes are also available from the Census Bureau. They are issued by state and contain many more items of information and more detailed geographic areas.

In 1981 the Census Bureau began to include questions on work disability in the March Current Population Survey (CPS), a monthly survey to measure labor force participation. In 1982 a random sample of approximately 147,000 noninstitutionalized people, age 16 to 64, was used to determine prevalence of work disability. Work disabled persons were identified through direct questions about disability status and through responses to related questions indicating lack of work activity due to illness or disability, or receipt of Medicare or SSI by those under 64 years of age. Survey results yield an estimate of 13.1 million work disabled persons.

A report, *Labor Force Status and Other Characteristics of Persons with a Work Disability: 1982* by John M. McNeil, contains a wealth of information on the CPS, including numerous charts with information on age, race, sex, marital status, education, family income and mean earnings, labor force participation, unemployment, occupation, pension and health plan coverage, region of residence, and residence inside and outside metropolitan areas. In addition, the author outlines CPS methodology and compares CPS estimates with those developed by other sources. The report may be ordered for $4.50 from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. The stock number is 003-001-91542-1.

Social Security Administration
Office of Research and Statistics
U.S. Department of Health and Human Services
1875 Connecticut Avenue, N.W.
Washington, DC 20009
(202) 673-5579

The Social Security Administration (SSA) conducts research on the following programs: old-age, survivors, disability, supplemental security income, aid to families with dependent children and child support enforcement. Findings of program analysis and statistics, which are the responsibility of the Office of Research Statistics, appear in a variety of technical publications.

SSA has conducted a series of studies in recent years to examine the prevalence of work disability among the adult population of the U.S. The 1978 Survey of Disability and Work provides data on the nature and extent of work limitations among the civilian noninstitutionalized population age 18 to 64. Among the publications on the survey are:

- The *Data Book* presents a wide array of information on the prevalence of work disability, the characteristics of work disabled persons, and the impact of disability on economic status. Its 175 tables cover a host of variables, including age, race, sex, marital status, education, presence of activity limitations, mobility status, presence of chronic condition or impairment, cause of condition, family composition, use of aids, labor force status, occupation, earnings, family income, and beneficiary status.
- The *Technical Introduction* is a reference work designed for use in interpreting and understand-

ing presentations of data from the survey. It discusses aims of the survey, development of the survey instrument, sampling procedures, and related technical issues.

- *Work Disability in the United States: A Chartbook* summarizes most important survey findings through a number of charts.

These publications may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, (202) 783-3238.

A catalog entitled *Research Publications and Microdata Files* is available free upon request from the Office of Research and Statistics.

Veterans Administration
810 Vermont Avenue, N.W.
Washington, DC 20420
(202) 389-3677

The Annual Report of the Administrator includes statistical tables on the prevalence of disability among veterans, and may be obtained from the Reports Preparation Division at the above address and phone.

Special Education Programs
Office of Special Education and Rehabilitative Services
U.S. Department of Education
Washington, DC 20202
(202) 732-1064

The *Annual Report to Congress on the Implementation of Public Law 94-142: The Education for All Handicapped Children Act* gives figures for handicapped children served both in the public school system and in state institutions. There are breakdowns for major disability areas and for each state in these disability areas. Separate breakdowns for children 3-5, 6-17 and 18-21 are given.

Centers for Disease Control
U.S. Public Health Service
Distribution Services Section
Building 1, Room B 63
1600 Clifton Road, N.E.
Atlanta, GA 30333
(404) 329-3219

The Birth Defects Monitoring Program (BDMP), conducted by the Centers for Disease Control, monitors the incidence of birth defects and other newborn conditions. Although this data source is not population-based and not a random sample of U.S. births, it nevertheless represents the largest single source of uniformly collected and coded discharge data on birth defects in newborn infants. A total of 161 defect categories are analyzed to determine increases or other unusual trends. The latest data available, with incidence rates, are included in the report, *Congenital Malformation Surveillance*.

National Institute of Mental Health
Division of Biometry and Epidemiology
U.S. Department of Health and Human Services
Room 18C-07
5600 Fishers Lane
Rockville, MD 20857
(301) 443-3685 (for publications)
(301) 443-3343 (for technical queries)

The National Institute of Mental Health (NIMH) conducts major surveys of facilities and patients. The Inventory of Mental Health Organizations surveys state and county mental hospitals, private psychiatric hospitals, residential treatment centers for emotionally disturbed children, outpatient psychiatric clinics, and other mental facilities. The Annual Census, Patient Characteristics — State and County Mental Hospital Inpatient Services collects data on the age, sex and diagnostic distribution of the patients served.

Data on these and other NIMH surveys are listed in a number of reports: the *Mental Health Service System Reports Series*, produced in eight areas: epidemiology, needs assessment and evaluation, national statistics, health/mental health research, mental health economics, information systems, methodology, and occasional papers.

The *Mental Health Statistical Note Series* gives brief presentations of data on specific topics. In addition, NIMH staff members from time to time prepare special articles synthesizing data from a number of the surveys.

A detailed list of publications may be obtained from NIMH at the above address. Requestors may also inquire about the availability of unpublished data, which may be obtained in several formats.

National Institute of Neurological and Communicative Disorders and Stroke
National Institutes of Health
U.S. Department of Health and Human Services
Building 31, Room 8A-06
Bethesda, MD 20205
(301) 496-5751

In 1974 the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) conducted the National Head and Spinal Cord Injury Survey to determine occurrence of these injuries and associated economic costs. The *Report on the National Head and Spinal Cord Injury Survey* was published in the November 1980 supplement to the *Journal of Neurology*, available in medical libraries.

In 1975-76 NINCDS conducted the National Survey of Stroke, designed to provide statistics on the incidence, prevalence, and economic impact of hospitalized stroke. Data are listed in the *Report on the National Survey of Stroke*, published in *Stroke*, Volume 12, Number 2, March/April 1981, Supplement Number 1. This journal may be found in medical libraries.

Another of the NINCDS surveys initiated in the mid '70's to gather data on neurological disorders, the National Multiple Sclerosis Survey gathered data to estimate the incidence, prevalence, and cost of this condition. A report from NINCDS will be forthcoming. To date, two journal articles have appeared: "The Incidence and Prevalence of Reported Multiple Sclerosis" by Herbert M. Baum, Ph.D. and Beth B. Rothschild (*Annals of Neurology*, Volume 10, Number 5, November 1981; and "Multiple Sclerosis and Mobility Restriction" by Herbert M. Baum, Ph.D. (*Archives of Physical Medicine and Rehabilitation*, Volume 64, December 1983).

President's Committee on Employment of the Handicapped
1111 20th Street, N.W., 6th Floor
Washington, DC 20036
(202) 653-5010

The Committee does not compile data on disabled persons. However, it makes available a series of reports by Frank Bowe based on the 1981 and 1982 Current Population Survey data (see Bureau of Census above): *Disabled Adults in America*, which gives an overview of CPS highlights; *Disabled Women in America; Black Adults with Disabilities;* and *Disabled Adults of Hispanic Origin*. All of these publications give statistics on age, sex, race, education, employment, income levels, work earnings, and regional distribution.

University of Arkansas Rehabilitation Research and Training Center
P.O. Box 1358
Hot Springs, AR 71902
(501) 624-4411

This center, which receives funding from the National Institute of Handicapped Research, has published two analytical summaries by Frank Bowe: *Demography and Disability: A Chartbook for Rehabilitation* ($4.00), which gives an overview of Current Population Survey data (see Bureau of the Census above), and *U.S. Census and Disabled Adults: The 50 States and the District of Columbia* ($6.00), which gives estimates on the number of work and transportation disabled persons in each state, with breakdowns for sex, race, and labor force participation.

Service and Methods Division
Office of Management Research and Transit Services
Urban Mass Transportation Administration
U.S. Department of Transportation
URT-31
Washington, DC 20590
(202) 426-4984

The Urban Mass Transportation Administration funded a survey in 1977 to obtain information on the characteristics and travel behavior of transportation handicapped people in urban areas of the U.S. The *Technical Report of the National Survey of Transportation Handicapped People* may be purchased from the National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161, (703) 487-4650.

Center for Residential and Community Services
207 Pattee Hall
University of Minnesota
150 Pillsbury Drive SE
Minneapolis, MN 55455
(612) 376-5283

The Center collects and disseminates comprehensive information on residential facilities for disabled people. The Center has researched a number of areas related to residential services for developmentally disabled persons, and has built up a large database on this information. Publications include the following: *Mentally Retarded People in State-Operated Residential Facilities: Year Ending June 30, 1981 and 1982* (Report No. 18), *1982 National Census of Residential Facilities* (Brief No. 21), and *Sourcebook on Long-Term Care for Developmentally Disabled People* (Report No. 17, 1982). A complete listing of titles may be requested.